The male Pelvic Pain Impact Questionnaire

Name: _____ Date: _____

Directions:
For each of the following 6 questions, tick the box that best indicates how much your pelvic pain has affected these aspects of your life during the past month. Your answers to these questions can then be summed to give you a final score.

In the past month, how much has your pelvic pain affected your:	**Not at all (0)**	**A little bit (1)**	**Somewhat (2)**	**Quite a bit (3)**	**A great deal (4)**
mood? (e.g. feelings of frustration, stress, sadness, worry, fear, helplessness)	☐	☐	☐	☐	☐
mental health? (e.g. feelings of anxiety or depression)	☐	☐	☐	☐	☐
libido/arousal?	☐	☐	☐	☐	☐
ability to take part in physical activity? (e.g. cycling, jogging)	☐	☐	☐	☐	☐
productivity at home/work/school/university?	☐	☐	☐	☐	☐
trust in health professionals?	☐	☐	☐	☐	☐
				Total:	

If the following questions apply to you, please answer. If not, please leave these blank. These questions will *not* be added to your summed score.

In the past month, how much has your pelvic pain affected your:	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**A great deal**
frequency of, enjoyment of, or ability to masturbate?	☐	☐	☐	☐	☐
sexual satisfaction?	☐	☐	☐	☐	☐
intimacy with a partner?	☐	☐	☐	☐	☐
marriage or long-term relationship(s)?	☐	☐	☐	☐	☐