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N** CHRONIC  
PROSTATITIS  
COHORT

Data Processing  
Cover Sheet

(Research Coordinator Completed)

Patient ID:   1              

Patient Initials:         

Clinical Center:   

Contact Month:      

- Contact Type:
- Screening Contact
  - Telephone Contact
  - Brief Clinic Contact
  - Extensive Clinic Contact

	Date	Initials	Comments
Review Completed Forms			
Logging and First Entry			
Verification			