

**C
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R
N** CHRONIC
PROSTATITIS
COHORT


Exclusion Checklist

Patient ID: 1 _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Month: 0
 Date: _____ / _____ / _____
month day year
 RC ID: _____

(Research Coordinator Completed)

1. Does the patient have a history of prostate, bladder, or urethral cancer? ₁ Yes ₀ No
2. Does the patient have inflammatory bowel disease (such as Crohn's disease or ulcerative colitis, but not irritable bowel syndrome)? ₁ Yes ₀ No
3. Has the patient undergone pelvic radiation or systemic chemotherapy? ₁ Yes ₀ No
4. Has the patient undergone intravesical chemotherapy? ₁ Yes ₀ No
5. Has the patient been treated with intravesical BCG? ₁ Yes ₀ No
6. Does the patient have unilateral orchialgia without pelvic symptoms? ₁ Yes ₀ No
7. Does the patient have an active urethral stricture? ₁ Yes ₀ No
8. Does the patient have a neurological disease or disorder affecting the bladder? ₁ Yes ₀ No
9. Has the patient undergone TURP, TUIP, TUIBN, TUMT, TUNA, balloon dilatation of the prostate, open prostatectomy, or any other prostate surgery or treatment such as cryotherapy or thermal therapy? ₁ Yes ₀ No
10. Does the patient have a neurological impairment or psychiatric disorder preventing his understanding of consent and his ability to comply with the protocol? ₁ Yes ₀ No

11. Is the patient eligible for the study? ₁ Yes ₀ No
If any of the shaded boxes are filled in, the patient is NOT eligible.

 If **Yes**, please continue with the screening process.