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N** CHRONIC
PROSTATITIS
COHORT

Extensive Clinic
Contact Checklist

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

(Research Coordinator Completed)

____ - Month Contact

		Completed		If No , Comment
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
1.	Mail reminder and Voiding Log (VOID) prior to clinic contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2.	Collect completed Voiding Log (VOID)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3.	Administer the Symptom Index (SXIND)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.	Perform the physical exam and complete the Physical Exam form (EXAM)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5.	Perform the Four Glass Test and send the samples to be cultured.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6.	Complete Four Glass Test Microscopy form (FGTM)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7.	Complete Four Glass Test Specimen Cultures form (FGTSC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
8.	Interim Health Care form (IHC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9.	Schedule next contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____