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N** CHRONIC  
PROSTATITIS  
COHORT

Inclusion Checklist

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

(Research Coordinator Completed)

1. ***Has the patient or parent/legal guardian signed and dated the Informed Consent?***

<sub>1</sub> Yes    <sub>0</sub> No

If **Yes**, record the date the form was signed.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                  month                  day                  year

2. Is the patient a male?

<sub>1</sub> Yes    <sub>0</sub> No


3. Has the patient had symptoms of discomfort or pain in the pelvic region for at least a three month period within the last six months?

<sub>1</sub> Yes    <sub>0</sub> No

4. Is the patient eligible for the study?

<sub>1</sub> Yes    <sub>0</sub> No

***If any of the shaded boxes are filled in, the patient is NOT eligible.***

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