

**C
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N** CHRONIC
PROSTATITIS
COHORT

Medical History

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

(Patient Interview Completed)

Prostatitis History

1. Do you know when your first episode of prostatitis was diagnosed?

₁ Yes ₀ No

If **Yes**, when was it diagnosed?

_____ / _____
 month year

2. Do you know when your current episode of prostatitis was diagnosed?

₁ Yes ₀ No

If **Yes**, when was it diagnosed?

_____ / _____
 month year

3. Have you ever had a prostate biopsy?

₁ Yes ₀ No ₈ Unknown

4. Have you ever had a bladder biopsy?

₁ Yes ₀ No ₈ Unknown

General History

Have you ever had, or do you currently have a history of any of the following?

5. Cardiovascular disease

₁ Yes ₀ No ₈ Unknown

6. Gastrointestinal disease

₁ Yes ₀ No ₈ Unknown

If **Yes**,

6a. Irritable bowel syndrome

₁ Yes ₀ No ₈ Unknown

6b. Spastic colon

₁ Yes ₀ No ₈ Unknown

6c. Diverticulitis

₁ Yes ₀ No ₈ Unknown

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7. Genitourinary disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 7a. Childhood bladder problems ₁ Yes ₀ No ₈ Unknown
- 7b. Urinary stones ₁ Yes ₀ No ₈ Unknown
- 7c. Incontinence ₁ Yes ₀ No ₈ Unknown
- 7d. Interstitial cystitis ₁ Yes ₀ No ₈ Unknown
- 7e. Urinary tract infection ₁ Yes ₀ No ₈ Unknown
- 7f. Balanitis ₁ Yes ₀ No ₈ Unknown
- 7g. Peyronie's disease ₁ Yes ₀ No ₈ Unknown
- 7h. Erectile dysfunction ₁ Yes ₀ No ₈ Unknown
8. Musculoskeletal, rheumatologic, or connective tissue disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 8a. Arthritis ₁ Yes ₀ No ₈ Unknown
- 8b. Fibromyalgia ₁ Yes ₀ No ₈ Unknown
- 8c. Reiter's syndrome ₁ Yes ₀ No ₈ Unknown

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9. Neurologic disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 9a. Migraine headaches ₁ Yes ₀ No ₈ Unknown
- 9b. Vertebral disc disease or surgery ₁ Yes ₀ No ₈ Unknown
- 9c. Numbness or tingling in limbs ₁ Yes ₀ No ₈ Unknown
10. Endocrine or metabolic disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 10a. Hypothyroid disease ₁ Yes ₀ No ₈ Unknown
- 10b. Hyperthyroid disease ₁ Yes ₀ No ₈ Unknown
- 10c. Diabetes ₁ Yes ₀ No ₈ Unknown
11. Hematopoietic, lymphatic, or infectious disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 11a. Sinusitis ₁ Yes ₀ No ₈ Unknown
- 11b. Frequent upper respiratory infection ₁ Yes ₀ No ₈ Unknown
- 11c. Epstein-Barr virus ₁ Yes ₀ No ₈ Unknown
- 11d. Chronic fatigue syndrome ₁ Yes ₀ No ₈ Unknown
- 11e. Tuberculosis ₁ Yes ₀ No ₈ Unknown
- 11f. HIV/AIDS ₁ Yes ₀ No ₈ Unknown
- 11g. Genital herpes ₁ Yes ₀ No ₈ Unknown

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12. Dermatologic disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 12a. Psoriasis ₁ Yes ₀ No ₈ Unknown
13. Psychiatric disease ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 13a. Depression ₁ Yes ₀ No ₈ Unknown
- 13b. Eating disorder ₁ Yes ₀ No ₈ Unknown
- 13c. Anxiety/panic attacks ₁ Yes ₀ No ₈ Unknown
- 13d. Suicide attempt ₁ Yes ₀ No ₈ Unknown
14. Urological surgery ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 14a. Inguinal hernia repair ₁ Yes ₀ No ₈ Unknown
- 14b. Scrotal surgery ₁ Yes ₀ No ₈ Unknown
- 14c. Vasectomy ₁ Yes ₀ No ₈ Unknown
15. Allergies ₁ Yes ₀ No ₈ Unknown
- If Yes,
- 15a. Food allergies ₁ Yes ₀ No ₈ Unknown
- 15b. Hay fever/seasonal allergies ₁ Yes ₀ No ₈ Unknown
- 15c. Asthma ₁ Yes ₀ No ₈ Unknown
- 15d. Latex allergy ₁ Yes ₀ No ₈ Unknown