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N** CHRONIC  
PROSTATITIS  
COHORT

Physical Exam

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

(Principal Investigator Completed)

Examiner ID: \_\_\_\_\_

1. Height \_\_\_\_\_ . \_\_\_\_\_ inches  
*Enter either inches or cm.* \_\_\_\_\_ . \_\_\_\_\_ cm
  
2. Weight \_\_\_\_\_ . \_\_\_\_\_ lbs  
*Enter either lbs. or kgs.* \_\_\_\_\_ . \_\_\_\_\_ kgs
  
3. Abdomen <sub>1</sub> Normal  
<sub>2</sub> Mass  
<sub>3</sub> Organomegaly
  
- 3a. Abdominal tenderness <sub>0</sub> No  
<sub>1</sub> Yes
  
4. Flanks <sub>1</sub> Normal  
<sub>2</sub> Mass
  
- 4a. Flank tenderness <sub>0</sub> No  
<sub>1</sub> Yes
  
5. Varicocele <sub>1</sub> Absent  
<sub>2</sub> Present
  
- 5a. Varicocele tenderness <sub>0</sub> No  
<sub>1</sub> Yes

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6. Hydrocele
- <sub>1</sub> Absent  
<sub>2</sub> Present
- 6a. Hydrocele tenderness
- <sub>0</sub> No  
<sub>1</sub> Yes
7. Inguinal Hernia
- <sub>1</sub> Absent  
<sub>2</sub> Present
- 7a. Inguinal hernial tenderness
- <sub>0</sub> No  
<sub>1</sub> Yes
8. Is there any tenderness in the following areas?
- 8a. Coccyx
- <sub>0</sub> No  
<sub>1</sub> Yes
- 8b. Pubis
- <sub>0</sub> No  
<sub>1</sub> Yes
- 8c. Suprapubic area
- <sub>0</sub> No  
<sub>1</sub> Yes
- 8d. External pelvic floor (perineum)
- <sub>0</sub> No  
<sub>1</sub> Yes
- 8e. Internal pelvic floor (side walls)
- <sub>0</sub> No  
<sub>1</sub> Yes
- 8f. Cord/inguinal area
- <sub>0</sub> No  
<sub>1</sub> Yes

# Physical Exam

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Contact Month: \_\_\_\_

## Prostate Exam

9. Size <sub>1</sub> Normal  
<sub>2</sub> Enlarged
10. Consistency <sub>1</sub> Normal  
<sub>2</sub> Firm  
<sub>3</sub> Soft
11. Nodularity, irregularity, or asymmetry <sub>0</sub> No  
<sub>1</sub> Yes
12. Prostatic tenderness <sub>0</sub> No  
<sub>1</sub> Yes

## Genitalia

13. Foreskin <sub>1</sub> Normal  
<sub>2</sub> Absent  
<sub>3</sub> Abnormal
14. Glans <sub>1</sub> Normal  
<sub>2</sub> Abnormal
15. Epididymes <sub>1</sub> Normal  
<sub>2</sub> Abnormal
- 15a. Epididymal tenderness <sub>0</sub> No  
<sub>1</sub> Yes
16. Testes <sub>1</sub> Normal  
<sub>2</sub> Abnormal
- 16a. Testicular tenderness <sub>0</sub> No  
<sub>1</sub> Yes