

**C
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R
N** CHRONIC
PROSTATITIS
COHORT

Prior Treatments
and Procedures

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

(Patient Interview Completed)

Please indicate if you have ever had any of the following procedures for your prostatitis or pelvic pain:

- | | | | | |
|----|-------------------------|---|--|---|
| 1. | Cystoscopy | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈ Unknown |
| 2. | Bladder Hydrodistention | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈ Unknown |
| 3. | Urethral Dilation | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈ Unknown |
| 4. | Other | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₈ Unknown |

Please specify, _____

Please indicate if you are presently taking, or have taken in the past, any of the following medications or treatments for your prostatitis or pelvic pain:

- | | | Yes,
presently | Yes, in
the past | No | Unknown |
|-----|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 5. | Antibiotics or antimicrobials (oral or parenteral) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 6. | Anticholinergics or antispasmodics | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 7. | Anticonvulsants | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 8. | Antidepressants | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 9. | Anti-inflammatory medications | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 10. | Anti-anxiety medications | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |
| 11. | Alpha blockers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₀ | <input type="checkbox"/> ₈ |

Prior Treatments and Procedures

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		Yes, presently	Yes, in the past	No	Unknown
12.	5-alpha reductase inhibitors	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
13.	Narcotics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
14.	Steroids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
15.	Urinary tract analgesics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
16.	Allopurinol	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
17.	Plant extracts or herbs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
18.	Zinc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
19.	Acupuncture or acupressure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
20.	Biofeedback	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
21.	Electrical stimulation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
22.	Prostate massage	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
23.	Special diet or nutritional supplements	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
24.	Stress reduction techniques	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈
25.	Other	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₀	<input type="checkbox"/> ₈

Please specify, _____

26. Are you currently participating in a clinical trial for your prostatitis? ₁ Yes ₀ No