

Patient ID: \_\_\_\_\_  
Patient Initials: \_\_\_\_\_  
Clinical Center: \_\_\_\_\_  
RC ID: \_\_\_\_\_

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(Patient Completed)

## Resource Utilization Survey for Prostatitis

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The purpose of this study is to learn ways prostatitis can affect men's lives. By participating in this study, you may help other men in the future by contributing to society's knowledge and understanding of symptoms and treatments for prostatitis. We are going to ask your questions about:

- 1.) Your prostatitis symptoms and treatments
- 2.) Your hospitalizations, visits to your doctor, and other health care contacts for prostatitis
- 3.) The effect prostatitis has had on your work and leisure life

Answer every question by filling in the blank, and circling or checking (✓) the correct response or box. If you are unsure about how to answer a question, please give the best answer you can.

When completed, please bring this survey with you to your next clinic visit (screening visit 2). **If you have any medical questions, please contact your physician.**

Your participation is strictly voluntary and will not affect the health care you receive. If you do participate, you can refuse to answer any question or end the questionnaire at any time. All information you provide will be kept strictly confidential.

**The questions in this section ask about your prostatitis.**

Q1. In what year were you first diagnosed with prostatitis? \_\_\_\_\_

**Prostatitis-Related Hospitalizations**

Q2. How many times in your lifetime have you been admitted to a hospital overnight for prostatitis or its related symptoms? \_\_\_\_\_ times

*If zero, skip to Q4.*

Q3. Please tell us about each one of these **prostatitis-related hospitalizations** by completing the table below:

Line #	Approximate Year	About how many nights in the hospital?	Reason for prostatitis-related hospitalization (If Other, please describe)
001	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
002	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
003	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
004	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
005	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
006	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
007	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____
008	_____	_____ nights	<input type="checkbox"/> <sub>1</sub> Pain <input type="checkbox"/> <sub>2</sub> Infection <input type="checkbox"/> <sub>3</sub> Surgery/Procedure <input type="checkbox"/> <sub>4</sub> Other _____

## Prostatitis-Related Medication

The next questions are about the medications you have used for your **prostatitis and related symptoms**. We are interested in knowing any medications you took for your prostatitis during the three months prior to your stopping medications as part of this study. This study requires that you discontinue all antibiotics for three months before being eligible to participate. If you were not taking antibiotics, answer the question about your medication use for the most recent three months. Medications can be either those that were prescribed by a physician, or those you obtained with no prescriptions from a pharmacy, drug store, grocery, etc.

Q4. Did you take any medications for your prostatitis symptoms during the three months prior to stopping all antibiotics as a requirement for enrollment in this study? ☐<sub>0</sub> No ☐<sub>1</sub> Yes

☞ If **No**, skip to Q6.

Q5. Please fill in the table below to the best of your ability describing the **prostatitis-related medications** that you have taken during the three months prior to stopping all antibiotics as a requirement for enrollment in this study. In order to fill in each column as completely as possible, please refer to your medication bottles or ask your pharmacist. Some examples of medications or natural remedies that you may have taken are: Bactrim (infection), Tylenol (for pain), Zinc (healthy prostate)...

Line #	Drug code (to be completed by the RC only)	Name of prostatitis-related medication	Strength per dose (e.g. mcg, mg, mg/ml, etc.) Example: 10mg	Average number of doses per day	About how many <b>total days</b> have you taken it <u>in the 90 days prior to stopping medications as a part of this study?</u>	About how much did you have to pay <u>out of your pocket</u> for the medication for those 90 days?
001					__ __ days	
002					__ __ days	
003					__ __ days	
004					__ __ days	
005					__ __ days	
006					__ __ days	
007					__ __ days	
008					__ __ days	

Line #	Drug code (to be completed by the <b>RC</b> only)	Name of prostatitis-related medication	Strength per <b>dose</b> (e.g. mcg, mg, mg/ml, etc.) Example: 10mg	Average number of doses per day	About how many <b>total days</b> have you taken it <u>in the 90 days prior to stopping medications as a part of this study?</u>	About how much did you have to pay <u>out of your pocket</u> for the medication for those 90 days?
009					__ __ days	
010					__ __ days	
011					__ __ days	
012					__ __ days	
013					__ __ days	
014					__ __ days	
015					__ __ days	
016					__ __ days	
017					__ __ days	
018					__ __ days	
019					__ __ days	
020					__ __ days	
021					__ __ days	
022					__ __ days	
023					__ __ days	
024					__ __ days	
025					__ __ days	
026					__ __ days	
027					__ __ days	

Prostatitis-Related Medical Devices

The next questions are about any medical devices (such as an incubator, donut pillow, specialized bicycle seats or underwear, sitz bath, jacuzzi, etc.) that you have bought in the past three months specifically related to **prostatitis and related symptoms**.

Q6. Have you bought any **prostatitis-related medical devices** in the past three months?    ☐<sub>0</sub> No    ☐<sub>1</sub> Yes  
    ☞ If **No**, skip to Q8

Q7. Please complete the table below about any **prostatitis-related medical devices** that you have acquired in the past three months.

Line #	Device code (to be completed by the RC only)	Prostatitis-related device name or description	Did you pay for any of it with your own money?	How much did you pay out of pocket?
001			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
002			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
003			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
004			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
005			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
006			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
007			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	
008			<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes	

Prostatitis-Related Health Care Visits and Procedures

Q8. The next questions are about health care visits and tests that you have had in the past three months specifically related to **prostatitis and related symptoms**. Please leave blank the areas that do not apply.

OUTPATIENT VISITS	Number of prostatitis-related visits	How long did an <u>average</u> visit take? (include travel to and from, waiting time, actual visit time with doctor, and test and procedure time)	Reason for prostatitis-related visit
ER/Urgent Care/Walk-In			
Urologist			
Primary Care, Internist, General Practitioner, or Family Practice			
Pain Specialist			
Chiropractor			
Acupuncturist			
Psychiatrist/Psychologist			
Mental Health Professional (social worker, counselor...)			
Other Health care Professional - (list):			

PROCEDURES/TESTS	Number of prostatitis-related tests	Did you come separately from your doctor's visit to have one of these tests or procedures?	If Yes, how long did the test take? (include travel to and from, waiting time, and actual test time)
Urinalysis		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Uroflow		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Urine Culture		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Prostate Massage		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Cystoscopy		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Semen Analysis		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
MRI - prostate		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Video Urodynamics		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Transrectal ultrasonographies (TRUS)		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	
Other - (list):		<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never	

## Prostatitis-Related Phone Calls or E-mails to your Doctor's Office

Q9. How many times, if any, during the past three months, have you spoken with a health-care professional over the phone or computer because of your **prostatitis or related symptoms**? Do not include conversations with the receptionist to make an appointment. \_ \_ \_  
 ☞ If **zero**, skip to Q11

Q10. Please tell us about each one of these **prostatitis-related phone calls** by completing the table below:

Line #	With whom did you speak during your phone call or e-mail?	Reason for prostatitis-related phone call
001	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
002	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
003	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
004	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
005	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
006	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
007	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
008	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:
009	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>2</sub> Nurse <input type="checkbox"/> <sub>3</sub> Research Coordinator/Other	Specify:



**Employment Information**

Q11. Which of the following describes your work status in the past three months?

- ☐<sub>1</sub> Worked for pay in the past three months
- ☐<sub>2</sub> Did not work for pay because of prostatitis or related symptoms *☞ skip to Q17*
- ☐<sub>3</sub> Did not work for pay because of other *health* reasons *☞ skip to Q17*
- ☐<sub>4</sub> Did not work for pay because of retirement  
Number of years retired \_\_\_\_\_ *☞ skip to Q17*
- ☐<sub>5</sub> Did not work for pay because of other reasons  
(e.g., homemaker, etc.) *☞ skip to Q17*
- ☐<sub>6</sub> Something else \_\_\_\_\_ *☞ skip to Q17*

Q12. What type of work do/did you do in your current or most recent job?

- ☐<sub>1</sub> Executive, administrator, managerial
- ☐<sub>2</sub> Professional specialty
- ☐<sub>3</sub> Technical and retail support
- ☐<sub>4</sub> Sales
- ☐<sub>5</sub> Administrative, support, clerical
- ☐<sub>6</sub> Precision production, craft, repair
- ☐<sub>7</sub> Machine operator, assembler, inspector
- ☐<sub>8</sub> Transportation and material moving
- ☐<sub>9</sub> Handler, helper, laborer
- ☐<sub>10</sub> Service in private household
- ☐<sub>11</sub> Service (not in private household)
- ☐<sub>12</sub> Farming, forestry, fishing
- ☐<sub>13</sub> Other, please specify \_\_\_\_\_

When you are answering the following questions, please think about the impact of **prostatitis or its symptoms** on your employment and work activities.

Q13. How many hours did you work per week in the past three months (on average)?

\_\_\_\_ average hours per week

*☞ If zero, skip to Q15.*

Q14. How many hours did you **miss** from work because of **prostatitis or its symptoms** in the past three months?

\_\_\_\_ total number of hours in the past three months

Q15. During the hours you were at work, please rate on average how much less productive you have been **in your paid job over the past three months** because of prostatitis or its related symptoms?

- ☐<sub>1</sub> I have been as productive as usual
- ☐<sub>2</sub> I have been a little less productive
- ☐<sub>3</sub> I have been about half as productive
- ☐<sub>4</sub> I have been much less productive
- ☐<sub>5</sub> I have been completely unproductive

☞ skip to Q17

Q16. How much of this productivity loss was **due to prostatitis and its symptoms**?

- ☐<sub>1</sub> All of my productivity loss was due to these symptoms
- ☐<sub>2</sub> Most of my productivity loss was due to these symptoms
- ☐<sub>3</sub> About half of my productivity loss was due to these symptoms
- ☐<sub>4</sub> A little of my productivity loss was due to these symptoms
- ☐<sub>5</sub> None of my productivity loss was due to these symptoms

### Leisure Activities

Q17. On average, how many hours did you spend per week doing your usual **non-paid work activities** (e.g., leisure, study, family, or household responsibilities) in the past three months?

\_\_\_ \_\_\_ average hours per week

☞ If **zero**, skip to Q21

Q18. On average, how many hours did you **miss** per week from your usual **non-paid work activities** because of prostatitis and its symptoms in the past three months?

\_\_\_ \_\_\_ average hours missed per week

☞ If **zero**, skip to Q21

Q19. Please rate on average how much less productive you have been in your **usual non-paid work activities over the past three months** because of prostatitis and its symptoms?

- ☐<sub>1</sub> I have been as productive as usual
- ☐<sub>2</sub> I have been a little less productive
- ☐<sub>3</sub> I have been about half as productive
- ☐<sub>4</sub> I have been much less productive
- ☐<sub>5</sub> I have been completely unproductive

☞ skip to Q21

Q20. How much of this productivity loss was **due to prostatitis and its symptoms**?

- ☐<sub>1</sub> All of my productivity loss was due to these symptoms
- ☐<sub>2</sub> Most of my productivity loss was due to these symptoms
- ☐<sub>3</sub> About half of my productivity loss was due to these symptoms
- ☐<sub>4</sub> A little of my productivity loss was due to these symptoms
- ☐<sub>5</sub> None of my productivity loss was due to these symptoms

**Caregiver Information**

- Q21. In the past three months, has someone such as a spouse, relative, or friend helped you with your personal or medical care or work around your home **without pay because of your prostatitis and its symptoms**? ☐<sub>0</sub> No ☐<sub>1</sub> Yes
- Q22. In the past three months, has a **paid worker** helped you with work around your home **because of your prostatitis**? ☐<sub>0</sub> No ☐<sub>1</sub> Yes
- Q23. In the past three months, how many hours per week on average has a paid worker helped you with work around your house or yard because of your prostatitis? \_\_\_\_\_ hours
- Q24. How much did you pay for help around your house or yard? \_\_\_\_\_ dollars

Thank you very much for your time!