

APPENDIX E

MEDICAL HISTORY QUESTIONNAIRE

Any personal information gained from this study, including specimens we may obtain from you will remain strictly confidential.

Centre Name: _____	
Centre Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Study Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Title: _____	First name(s): _____
Surname _____	
Date of Birth: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<small>Day Month Year</small>
Age at study entry: <input type="checkbox"/> <input type="checkbox"/>	
Contact Address: _____	

Contact Number(s) _____	

Please tick one box only:

1. To which of these do you consider yourself to belong?

White

White British

Any other White background Specify.....

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background Specify.....

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background Specify.....

Black or Black British

Caribbean

- African
- Any other Black background Specify.....
- Chinese or other ethnic group
- Chinese Specify.....
- Any other Specify.....

Medical History

2. Do you have any allergies?

- Yes Specify.....
- No

3. Do you or have you ever suffered with any of the following?

- a) Heart problems Yes Specify.....
No
- b) Stroke Yes Specify.....
No
- c) Kidney problems Yes Specify.....
No

4. Have you ever been diagnosed with cancer?

- Yes Details of cancer.....
Age at diagnosis.....
- No
- Unknown

5. Do you have any problems passing urine? (for example – a slow urine stream, pain on passing urine, blood in the urine, frequently needing to urinate at night)

- Yes Specify.....
- No

6. Have you ever had a rectal examination (examination of the back passage)?

- No
- Less than a month ago
- 1-2 Month ago
- 2-5 Month ago
- More than 5 months ago
- Unknown

7. If Yes, who carried this examination out?

- Urologist
- GP
- Other Specify.....
- Not Applicable

8. Have you ever had a PSA test? (If yes go to Q9, If no go to Q11)

- Yes When?.....
- No
- Unknown

9. Why did you have this PSA test?

- GP request
- Patient request
- Part of hospital management
- Private health care check-up
- Other
- Don't Know

Specify.....

10. Are you happy for us to check the result of this PSA test from your medical records?

- Yes
- No

11. Have you had ever had a medical test where a camera was put into your bowel (Colonoscopy, Sigmoidoscopy)?

- Yes Reason and Date.....
- No
- Unknown

12. Have you ever had a medical test where a camera was put into your bladder (Cystoscopy)?

- Yes Reason, Result and Date.....
- No
- Unknown

13. Do you have a history of Prostatitis (inflammation of the prostate gland)?

- Yes Reason, Result and Date.....
- No
- Unknown

14. Do you have a history of Urinary Tract Infections (water infections)?

- Yes Date.....
- No
- Unknown

15. Are you known to have Benign Prostate Hyperplasia (an enlarged prostate)?

- Yes Details.....
- No
- Unknown

16. Have you ever had a biopsy of the prostate gland?

- Yes Date.....
- No
- Unknown

17. Have you ever been diagnosed with prostate cancer?

- Yes
- No
- Unknown

18. Have you ever had any operations on your prostate gland?

- Yes

No
Unknown

19. Have you ever been sterilised (had a vasectomy)?

Yes
No
Unknown

20. What medication are you currently taking?

.....
.....
.....
.....
.....

21. Do you suffer from any medical conditions not listed above (for example diabetes, epilepsy)? Please

Specify.....
.....
.....
.....

Family History

22. Which gene is known to be altered in your family?

Breast Cancer 1 gene (BRCA1)
Breast Cancer 2 gene (BRCA2)
Unknown

22. Do you carry the alteration?

Yes
No
Unknown

23. Has anyone in your family had prostate cancer?

Yes Who?.....
Age at diagnosis.....

No
Unknown

Demographic data

24. What is your employment status?

In active paid work
Retired doing voluntary work
Retired
Unemployed and seeking work
Unemployed due to illness or disability

25. What is your current / last job title

Not applicable

26. Do / did you work
Full time
Part time

27. Are /were you an
Employer
Employee
Self-employed

28. Qualifications gained (tick highest level)
O Level / GCSE
A Level
HND / BTEC
NVQ
Degree
Post graduate
None
Other Specify.....

29. Do you smoke?
No
Yes, currently Number of years smoked & approximate number of cigarettes per day

Ex – smoker Number of years smoked & approximate number of cigarettes per day

30. Alcohol consumption
 Please enter in the box the approximate number of units of alcohol you drink per (1 unit is equal to half a pint of beer, a small glass of wine or one measure of a spirit).

31. Please enter your height feet inches

32. Please enter your weight stone lbs OR kgs

Please sign below & enter the date that you have completed this questionnaire – thank you.

Signed.....

Date - -
Day Month Year

Thank you for taking the time to complete this questionnaire. If you have any difficulties with any of these questions or any queries about the study then please do not hesitate to contact:

****Please insert local contact details**

