

PROSTATE PATIENT FACTORS – BASELINE
(to be completed pre-radiotherapy)

Study Number

RQ -

Patient Initials

Date of Birth (dd/mm/yyyy)

/ /

Date Completed (dd/mm/yyyy)

/ /

Name + Signature of Person completing the CRF

Patient Information

Height (cm)

Weight (kg)

Age at start of radiotherapy (yrs)

Smoker

- 0=Never
- 1=Ex before cancer diagnosis
- 2=Ex since cancer diagnosis
- 3=Current
- 7=Do not wish to answer

If ever smoker

Duration of smoking (yrs)

No. of tobacco products (e.g. cigarettes) a day

If ex smoker before cancer diagnosis:
Time since quitting smoking (yrs)

Tobacco product _____

Alcohol intake

- 0=Never
- 1=Previously consumed alcohol, but stopped BEFORE cancer diagnosis
- 2=Previously consumed alcohol, but stopped AT cancer diagnosis
- 3=Current
- 7=Do not wish to answer

Previous alcohol consumption:
Approximate number of
alcoholic drinks a week

777=Do not wish to answer
888=Not applicable

Current alcohol consumption:
Approximate number of
alcoholic drinks a week

777=Do not wish to answer
888=Not applicable

Diabetes

- 0=No
- 1=Yes

If yes, duration (yrs)

Rheumatoid Arthritis

- 0=No
- 1=Yes

If yes, duration (yrs)

Systemic Lupus Erythematosus	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Other collagen vascular disease	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Hypertension	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
History of heart disease	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Any inflammatory bowel or diverticular disease	<input type="checkbox"/>	0=No 1=Crohn's disease 2=Colitis ulcerosa 3=Diverticulosis 4=Other	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Haemorrhoids	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
			If yes, physician confirmed?	<input type="checkbox"/> 0=No 1=Yes 9=Not known
Depression	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
<i>Medication at cancer diagnosis</i>				
On ACE inhibitor?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On a beta blocker?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On other anti-hypertensive drug?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On statin?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On other lipid-lowering drugs?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On anti-diabetic drug?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On phosphodiesterase type 5 (PDE5) inhibitor like cialis?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On sildenafil?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On 5 alpha-reductase inhibitor?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On alpha blocker?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On anti-muscarinic drug?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On amiodarone?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>

On analgesics? 0=No
1=Yes

If yes, duration (yrs)

On antidepressant? 0=No
1=Yes

If yes, duration (yrs)

Hip replacement? 0=No
1=Unilateral
2=Bilateral

Previous abdominal surgery 0=No
1=Appendectomy
2=Cholecystectomy
3=Rectum-sigma resection
4=Nephrectomy
5=Other

Bladder TUR 0=No
1=Yes

Family history of prostate cancer in first degree relative 0=No
1=Yes

Family history of radiotherapy toxicity 0=No
1=Yes
9=Not known

Other co-morbidity _____

Previous Malignancies? 0=No
1=Yes

Which type?

ICD-10 / ICD-O-3 coding: . /

Date of diagnosis (dd/mm/yyyy) //

Therapy received for previous malignancy

Surgery 0=No
1=Yes

Hormonal therapy 0=No
1=Yes

Chemo therapy 0=No
1=Yes

Radio therapy 0=No
1=Yes

Other therapy 0=No
1=Yes

No therapy 0=No
1=Yes

Date of last therapy for previous malignancy (dd/mm/yyyy) //

Ethnicity

- 1=White (European or American European)
- 2=White and Black Caribbean Mixed
- 3=White and Black African Mixed
- 4=White and Asian Mixed
- 5=Hispanic American
- 6=Turkish
- 7=Indian
- 8=Pakistani
- 9=Bangladeshi
- 10=Chinese
- 11=Japanese
- 12=Other Asian
- 13=Black Caribbean
- 14=Black African
- 15=Northern African
- 16=African American
- 17=Jewish Ashkenazi
- 18=Jewish Sephardi
- 19=Any Other Ethnic Background; please specify _____
- 77=Patient refused to give answer

Highest educational/professional qualification received?

1=Primary school

2=Secondary school (Please select an option _____)

3=Professional school (e.g. technical. Please specify type _____)

4=University (or equivalent)

5=Others, please specify _____

7=Do not wish to answer

Options for "Secondary school":

- a. UK: GSCE / O level
- b. UK: A level
- c. US: High school
- d. B: Algemeen Secundair Onderwijs
- e. GER: Hauptschule
- f. GER: Realschule/Mittlere Reife
- g. GER: Gymnasium/Abitur
- h. CH: Realschule
- i. CH: Sekundarschule
- j. CH: Gymnasium / Matura
- k. F: college
- l. F: lycée/baccalaureate
- m. I: scuola secondaria di primo grado
- n. I: scuola secondaria di secondo grado
- o. NL: voortgezet onderwijs
- p. SP: Educación Secundaria Obligatoria/Bachillerato
- q. Other, please specify _____

Net household income (average) per month

1=<1.000 €

2=1.000-<2.000€

3=2.000-<3.000€

4=3.000-<4.000€

5=4.000-<5.000€

6=5.000-<6.000€

7=6.000-<7.000€

8=7.000-<8.000€

9=8.000€ and higher

77= Do not wish to answer

Number of household members