

Attachment 5: Prostate Cancer Recurrence Questionnaire

OMB #: 0925-0407
Expiry Date: xx/xx/xxxx

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0407). Do not return the completed form to this address.

1. Since you were diagnosed and treated for prostate cancer in YEAR, has a doctor told you that the prostate cancer has come back or spread?

Yes No

If yes, when was this first discovered:

_____ MONTH _____ YEAR

2. Since you completed your treatment for prostate cancer in YEAR, what was the value of your HIGHEST PSA test result (ng/ml)?

Undetectable or less than 0.2
0.2 to 0.9
1 to 3.9
4 to 9.9
10 to 19.9
20 or more
Level was normal, but do not know exact value
Level was high, but do not know exact value
Don't know

In what year did your PSA show this result : _____ YEAR

3. Since you completed your treatment for prostate cancer in YEAR, what was the value of your MOST RECENT PSA test result (ng/ml)?

Undetectable or less than 0.2
0.2 to 0.9
1 to 3.9
4 to 9.9
10 to 19.9
20 or more
Level was normal, but do not know exact value
Level was high, but do not know exact value
Don't know

In what year did your PSA show this result: _____ YEAR

4. Since you completed your treatment for prostate cancer in YEAR, have you had any of the following tests? (Check all that apply.)

Biopsy

MRI/CT Scan

Bone Scan

5. Did any of these tests show that the prostate cancer came back or spread?

Biopsy YEAR _____

MRI/CT Scan YEAR _____

Bone Scan YEAR _____

6. Since you completed your treatment for prostate cancer YEAR, did you have any more treatment for prostate cancer (radiation, surgery, or chemotherapy)?

YES NO

7. If YES:

In what year did the treatments begin: YEAR _____

Did your PSA improve after this treatment? YES NO

7a. What was that treatment? (Indicate all that apply.)

Radiation Therapy to Pelvis

Radiation Therapy to the bones

Prostate Removal

Hormone Ablation

Chemotherapy

6. What is the name, phone number and address of the physician who is caring for you for prostate cancer?

Same as above

Name: _____ Phone: () _____

Address: _____
