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ANNEXURE-I

PROSTATE DISORDERS – QUESTIONNAIRE

Department of Biochemistry
Faculty of Science
The M.S University of Baroda
Vadodara- 390002

DATE: ___________ SERIAL CODE: ____________
INVIGILATOR: ________________

PERSONAL DETAILS:
Name: ____________________________
Age: ________ years.
Education: ____________________________
Address: ____________________________
Phone: ________________
Native: ____________________________
Diet: Vegetarian/ Non-vegetarian/ Omnitarian
Additive Habits: Tobacco/ Smoking/ Alcohol/ Others: ____________
Occupation: ____________________________
Q- Are you exposed to a pollutant(s) at your work place or at your place of residence? Yes/No
If yes, nature of pollutant: Land/ Water/ Air/ Others: ____________

HISTORY OF ANY MAJOR ILLNESS:
Q- Are you suffering from any lifestyle disorder(s)? Yes/No
If yes, nature of disorders: Diabetes/ Obesity/ Cholesterol disorder/
Cardiac disorder/ other: ____________
Symptoms associated: ____________________________
Duration of disorder: ____________________________

Q- What made you suspect that you have a prostatic disorder?

Q- Anyone in your family ever detected with a prostatic disorder? Yes/No
If yes, first / second / third degree relative. Relation: ____________
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PROSTATIC DISORDER(S):
Diagnosis (tick):
[   ] PSA screening (if yes, level: _________ ng/ml blood/ serum)
[   ] Digital rectal examination (DRE)
[   ] Trans rectal ultrasound (TRUS)
[   ] Prostate needle biopsy
[   ] Others: ____________________

Suspected Prostatic Disorder (tick):
[   ] Prostatitis (if yes, State: acute / chronic)
[   ] Benign prostatic hyperplasia (if yes, state: mild / moderate / severe)
[   ] Prostatic cancer (if yes, state: Benign/ Metastatic ________
    [   ] Prostate Intra-epithelial Neoplasia (PIN) Grade: I / II / III
    [   ] Gleason grading stage: 1/2/3/4/5, Gleason score: __+__= ___)

Any other associated symptoms? Yes/No
If yes, symptoms ____________________________________________

Treatment (tick):
[   ] Antiandrogenic drugs (if yes, which: ____________________)
[   ] Any other drug (if yes, nature: ____________, which: ___________)
[   ] Transurethral resection of the prostate (TURP)
[   ] Laser removal of the diseased portion
[   ] Complete removal of the whole prostate gland

Post treatment recovery: excellent / good / poor / no response
Post treatment side effects / symptoms (if any): ____________________

General comment:__________________________________________

POST EXAMINATION RESULTS OF THE SAMPLE:
Protein level: _____________ µg/ g tissue
ACP level: ______________ µ moles PNP formed/min/l tissue
SOD activity: ______________ enzyme required for 50% inhibition Pyrogallol autoxidation
Catalase activity: ____________ mmoles of H2O2 decomposed/ min/g Tissue
LPO level: _______________ nmoles of MDA formed / mg Protein
GPx activity: ______________ ∆ log (GSH)/ min / mg protein
GSH level: _________________ mg/ g tissue
Vitamin E: _________________ µg/ g tissue or µg/ ml serum
Vitamin C: _________________ µg/ ml or µg/ g tissue serum
Cd level: _________________ µg/ g tissue
Zn level: _________________ µg/ g tissue
Pd level: _________________ µg/ g tissue

I, ........................................................................................ have understood the aim of this study and willing to donate 3 ml blood sample for this purpose.

Patient’s signature
Date: