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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: _____

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: _____ $\mu\text{g/g}$ tissue
ACP level: _____ μ moles PNP formed/min/l tissue
SOD activity: _____ enzyme required for 50% inhibition Pyrogallol autoxidation
Catalase activity: _____ mmoles of H_2O_2 decomposed/ min/g Tissue
LPO level: _____ nmoles of MDA formed / mg Protein
GPx activity: _____ $\Delta \log (\text{GSH})/\text{min} / \text{mg protein}$
GSH level: _____ mg/ g tissue
Vitamin E: _____ $\mu\text{g/g}$ tissue or $\mu\text{g/ ml}$ serum
Vitamin C: _____ $\mu\text{g/ ml}$ or $\mu\text{g/ g}$ tissue serum
Cd level: _____ $\mu\text{g/ g}$ tissue
Zn level: _____ $\mu\text{g/ g}$ tissue
Pd level: _____ $\mu\text{g/ g}$ tissue

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

Patient's signature

Date: