

## Brief Questionnaire – DP3 Study

Patient ID:

Date of completion:

Age:

### Anthropometric measurements

- Height (cm):
  - Weight (kg):
  - BMI (Do not fill in)
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### Medical history

- Have you previously had a blood test for PSA measurement? ☐ YES ☐ NO
  - Have you ever had prostatitis or urinary tract infections? ☐ YES ☐ NO
    - If YES, did you undergo specific treatments? Which ones?
  - Are you diabetic? ☐ YES ☐ NO
  - Do you suffer from high blood pressure (hypertension)? ☐ YES ☐ NO
  - Do you have heart disease? ☐ YES ☐ NO
  - Do you take medications regularly? ☐ YES ☐ NO
    - If YES, which ones? .....
  - Have you ever been diagnosed with cancer? ☐ YES ☐ NO
    - If YES, which type? .....
  - Other illnesses: .....
  - Do you have a family history of cancer? ☐ YES ☐ NO
    - If YES, who has been diagnosed with cancer and what type of cancer?  
.....
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### Lifestyle

Do you engage in physical activity?

☐ Sedentary ☐ Moderate (1–2 times per week) ☐ High (3 or more times per week)

Type of work:

☐ Sedentary ☐ Standing ☐ Manual labor ☐ Not employed

### Risk factors

Smoking: ☐ YES ☐ NO ☐ FORMER SMOKER (stopped since: .....)

- If YES, how many cigarettes per day? .....

Alcohol consumption: ☐ YES ☐ NO ☐ OCCASIONALLY

- If YES, what type? ☐ Wine ☐ Beer ☐ Spirits
- When? ☐ Only with meals ☐ Also between meals
- How often? ☐ Every day ☐ 1–2 times per week ☐ 3–4 times per week

Do you usually drink coffee? ☐ YES ☐ NO

- If YES, how many cups per day? .....

## Eating habits

How often do you consume the following foods per week?

[illegible]