

## **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?