

Patient's Biopsy Diary

G/A/SA	<input type="text"/>	Subject ID/Study number :	T/G	0					
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Please complete diary as discussed with the research team.

This information will be discussed during your follow-up call or clinic visit.

Please refer to the Prostate Scan Leaflet given to you at your biopsy appointment if you require further information or the contact for advice.

Please use these descriptions to help you complete the **Severity** section in the form.

Mild - mild discomfort, no limitation to daily activities, no medical/therapy intervention required (e.g. no pain relief)

Moderate - Mild to moderate limitation in activity, medical/therapy intervention required (e.g. required pain relief)

Severe - Marked limitation in activity, medical/therapy intervention required (e.g. required pain relief, seen by GP)

Examples of **Other** symptoms include urine infection. If you have more symptoms please add them to the back of this form.

Have you experienced any of the following during/after biopsy?								
	Pain		Pain		Blood in Urine after biopsy	Blood from back passage after biopsy	Other, specify	
	within 24 hours of biopsy		after 24 hours of biopsy					
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>				Yes <input type="checkbox"/>
Severity	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Duration	<input type="checkbox"/> Only during Biopsy <input type="checkbox"/> Up to 1 hour after biopsy <input type="checkbox"/> Up to 5 hours <input type="checkbox"/> More than 5 hrs but less than 24 hours		<input type="checkbox"/> More than 24 but less than 48hrs <input type="checkbox"/> 2-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> More than 7 days		<input type="checkbox"/> Less than 24 hrs <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> More than 7 days		<input type="checkbox"/> Less than 24 hrs <input type="checkbox"/> 1-3 days <input type="checkbox"/> 4-7 days <input type="checkbox"/> More than 7 days	