



**Genetic Epidemiology of Prostate Cancer in Africa
Case Eligibility Form**

1. Today's Date: / /
Day Month Year

2. Age (years) **Eligible:** Yes (30 years of age or older) No (less than 30 years of age)

3. Black, African ancestry? (**Eligible if self-identifies with Black, African ancestry**) Yes No
Eligible: Yes No

4. Male resident of geographic region where recruitment is taking place? (*Eligible if male resident of region where recruitment clinic is located*)
Eligible: Yes No

5. When were you diagnosed with prostate cancer?
(Eligible if date of diagnosis is less than, or equal to, six months of today's date)

Date of Diagnosis: / / **Eligible:** Yes No
Day Month Year

6. Department, Institution and Hospital where prostate cancer was diagnosed.

Urology **Oncology** **Other** Please provide details: _____

7. Have you been diagnosed with another type of cancer *prior* to prostate cancer diagnosis?

(If skin cancer, only a diagnosis of melanoma is relevant here)

Yes No If yes, name of other type of cancer and year of diagnosis.
Year of Diagnosis

If yes, name type of cancer(s) and year of diagnosis.
Year of Diagnosis

Eligible: Yes (If no other previous cancer diagnosis) No (Previous cancer diagnosed)

8. Did participant pass cognitive assessment? (*Eligible if passed cognitive assessment*)

Yes No Score _____ **Eligible:** Yes No

To be eligible as a case must have checked "Yes" for ALL black shaded eligibility boxes

If please write below participant's name, medical record number (MRN) and mobile phone number. The information below will remain at the local center only and not distributed elsewhere.

Participant's Last Name

Participant's First Name

Medical Record Number (MRN)

Study ID

+

Country Code

Mobile Number

Entered by Initials: (Office Use)