



How's
Your
Walnut?



PROSTATE
CANCER
GIBRALTAR

PSA Awareness Day

Pre-Test Questionnaire

Please complete this form before attending and bring it with you on the day to help reduce waiting times.

Your details

Full name: _____

Date of birth: _____

GHA registration number: _____

Changes in urinary or general symptoms

Please tick any symptoms you are currently experiencing, or any that have appeared or changed recently:

- | | |
|---|--|
| ☐ Frequent urination | ☐ New onset erectile dysfunction |
| ☐ Weak or interrupted urine flow | ☐ Pain or burning when urinating |
| ☐ Needing to urinate frequently during the night | ☐ Discomfort or pain when sitting |
| ☐ Difficulty starting or passing urine | ☐ Back pain |
| ☐ Blood in the urine | ☐ Unusual tiredness or lethargy |
| ☐ Blood in the semen | ☐ Unintentional weight loss |

Preparing for your PSA blood test

Please tick each statement that applies to you:

- ☐ I have not had anal sex in the last 48 hours.
- ☐ I have not ejaculated in the last 48 hours.
- ☐ I have not taken part in vigorous exercise in the last 48 hours.
- ☐ I have not ridden a bicycle in the last 48 hours.
- ☐ I have not had a urinary tract infection in the last 48 hours.
- ☐ I have not had a PSA blood test in the past 12 months.

Additional notes (if needed):
