Question 1

• What is the percentage of acute prostatitis that could develop into chronic prostatitis?
  a) 2%
  b) 5%
  c) 7%
  d) 10%
Question 2

- When do you consider prostatitis a chronic syndrome?
  a) > 3 weeks
  b) > 6 weeks
  c) > 12 weeks
  d) > 24 weeks
Question 3

• What is considered the best management to avoid chronic prostatitis?
  a) Early alpha blockade therapy
  b) Appropriate treatment of the acute bout
  c) Avoid foley catheter insertion
  d) Anti-androgen therapy
• Intra-prostatic calculi are closely associated with:
  a) Higher risk of prostate cancer
  b) Recurrent acute episodes of prostatitis
  c) Prolonged duration of symptoms
  d) Increased prostate volume
Question 5

• What is the least recommended test used to diagnose CPPS?
  a) 2 – glass test
  b) Uroflowmetry
  c) Residual urine volume
  d) Urethrocystoscopy
Question 6

• Improvement on alpha blockade therapy is considered successful after how many weeks of therapy?
  a) > 3 weeks
  b) > 6 weeks
  c) > 12 weeks
  d) > 24 weeks
Question 7

• The most prescribed agent in treatment of CP/CPPS is:
  a) Antibiotics
  b) NSAID’s
  c) Alpha - blockers
  d) Skeletal muscle relaxants
Question 8

• What is considered the last resort in the treatment of CP/CPPS?
  a) TUNA
  b) TUMT
  c) TURP
  d) Open prostatectomy
Question 9

• Which of the following categories is the least asked about in NIH-CPSI?
  a) Pain
  b) Urinary symptoms
  c) Quality of life
  d) Frequency of acute infections
Question 10

• How can you differentiate category II from category III chronic prostatitis upon presentation?
  a) DRE
  b) Suprapubic Tenderness
  c) It is NOT possible to differentiate
  d) Perineal pain
  e) General appearance
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