Data Set Name: aesae.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	enrolldt	Num	8		Added: Enroll Date
2	site	Char	3		Added: Site
3	participantid	Char	7	$7.	Added: Participant ID
4	Enroll_Age	Num	8		Derived Variable: Enroll_Age =cm102_Age, if missing(cm102_Age) then Enroll_Age = [year(enrolldt) - cm21_DOBYr]
5	medkitno	Char	6	$6.	Added: Med Kit #
6	PID	Char	7	$7.	Added: Participantid
7	drug	Num	8		Treatment: 1-SAW PALMETTO; 2-PLACEBO
8	pool369	Num	8		Derived Variable: Enrolled Patients (369 ParticipantID) flagged as 1
9	pool357	Num	8		Derived Variable: Enrolled Patients who keep in the study after baseline (357 ParticipantID) flagged as 1
10	pool306	Num	8		Derived Variable: Enrolled Patients who finished the study after week 72 (306 ParticipantidID) flagged as 1
11	VisMo	Num	8	11.	Added: Visit Date (mm)
12	VisDy	Num	8	11.	Added: Visit Date (dd)
13	VisYr	Num	8	11.	Added: Visit Date (yyyy)
14	VisitNo	Num	8	12.	Added: Visit Number
15	VisDate	Char	10	$10.	Added: Visit Date
16	CM81_LstVisAe	Num	8	11.	CAM81: Has the participant experienced an adverse event since the last visit ?
17	CM81_AEDescript	Char	200	$200.	CAM81: Description:
18	CM81_MEDDRACode	Num	8	12.	CAM81: MEDDRA Code:
19	CM81_OnsetMo	Num	8	11.	CAM81: Date of Onset: (mm)
20	CM81_OnsetDy	Num	8	11.	CAM81: Date of Onset: (dd)
21	CM81_OnsetYr	Num	8	11.	CAM81: Date of Onset: (yyyy)
22	CM81_Continue	Num	8	11.	CAM81: Continuing
23	CM81_ReslvMo	Num	8	11.	CAM81: Date Resolved: (mm)
24	CM81_ReslvDy	Num	8	11.	CAM81: Date Resolved: (dd)
25	CM81_ReslvYr	Num	8	11.	CAM81: Date Resolved: (yyyy)
26	CM81_Serious	Num	8	11.	CAM81: Serious (1) Yes - Complete SAE Form (CAM82)?
27	CM81_Severity	Num	8	11.	CAM81: Severity(See Codes):
28	CM81_Relatnshp	Num	8	11.	CAM81: Relationship to Study (See Codes):
29	CM81_Outcome	Num	8	11.	CAM81: Outcome (See Codes):
30	CM81_Anticipated	Num	8	11.	CAM81: Anticipated?
31	CM81_ActnTkn1	Num	8	11.	CAM81: Action Taken - (1) Self or OTC treatment,
32	CM81_ActnTkn4	Num	8	11.	CAM81: Action Taken - (4) Rx,
33	CM81_ActnTkn5	Num	8	11.	CAM81: Action Taken - (5) Procedure performed,
34	CM81_ActnTkn6	Num	8	11.	CAM81: Action Taken - (6) None
35	CM81_ActnTkn2	Num	8	11.	CAM81: Action Taken - (2) Office, clinic, ER, or out-pt visit,

Num	Variable	Type	Len	Informat	Label
36	CM81_ActnTkn3	Num	8	11.	CAM81: Action Taken - (3) In-pt visit or hosp admit,
37	CM81_ActnTknDrg	Num	8	11.	CAM81: Action Taken Regarding Study Drug
38	CAM81DONE	Num	8		Added: CAM81 Finished flagged as 1
39	CM81_EventNum	Char	30	$30.	CAM81: Event Num <11/11/2008>
40	CM81_Grade	Num	8	11.	CAM81: Grade <11/11/2008>
41	CM81_Duration	Num	8	11.	CAM81: Duration <11/11/2008>
42	CM81_Freq	Num	8	11.	CAM81: Frequency <11/11/2008>
43	CM81_RelatStdyDrug	Num	8	11.	CAM81: Relationship to study <11/11/2008>
44	CM81_Treatment	Num	8	11.	CAM81: Treatment for event <11/11/2008>
45	CM81_PreExistCnd	Num	8	11.	CAM81: Pre-existing condition <11/11/2008>
46	CM81_SpecifyEvent	Char	200	$200.	CAM81: Specify Event: <11/11/2008>
47	CM81_ContinueReslv	Num	8	6.	CAM81: Date of Resolution mm/dd/yyyy <11/11/2008>
48	CAM81_Serious_Specify	Num	8	11.	CAM81: Serious Specify
49	CAM81_OrganCode	Num	8	11.	CAM81: Organ System Code.
50	visdt	Num	8		Derived Variable: Visit Date
51	onset_dt	Num	8		Derived Variable: MDY function for onsetYr, onsetMo and onsetYr for both AE and SAE.
52	cm81_onsetdy_miss	Num	8		Derived Variable: Flag it if only onset date is missing. The last day of the onset month will be considered as onset date
53	onset_dt_miss	Num	8		Derived Variable: Flag it if only onset day is missing. The last day of the onset month will be considered as onset day
54	CM81_OnsetDy_1	Num	8		Derived Variable: Missing CM81_OnsetDy was updated as the last day of the CM81_OnsetMo
55	onset_dt2	Num	8		Derived Variable: for only missing visit date. Use last day of that month and make the onset date value. Onset_dt info are also included.
56	Reslv_dt	Num	8		Derived Variable: MDY function for ReslvYr, ReslvMo and ReslvYr for both AE and SAE.
57	cm81_Reslvdy_miss	Num	8		Derived Variable: Flag it if only Reslv day is missing. The last day of the onset month will be considered as Reslv day
58	Reslv_dt_miss	Num	8		Derived Variable: Flag it 1 if Reslv_dt is missing
59	CM81_ReslvDy_1	Num	8		Derived Variable: Derived Variable: Missing CM81_ReslvDy was updated as the last day of the CM81_ReslvMo
60	Reslv_dt2	Num	8		Derived Variable: for only missing visit date. Use last day of that month and make the reslv date value. Reslv_dt info are also included.
61	Code	Num	8		Added: Organ System Code.
62	CM82_MEDDRACode	Num	8	12.	CAM82: 1. MEDDRA Code (from Adverse Event Log)
63	CM82_EvntDesc1	Char	255	$255.	CAM82: 2. Description of event
64	CM82_EvntDesc2	Char	255	$255.	CAM82: 2. Description of event
65	CM82_EvntDesc3	Char	255	$255.	CAM82: 2. Description of event
66	CM82_Grade	Num	8	11.	CAM82: 3. Grade of adverse event (circle one):
67	CM82_OnsetMo	Num	8	11.	CAM81: 4. Date of onset (mm)
68	CM82_OnsetDy	Num	8	11.	CAM81: 4. Date of onset (dd)

Num	Variable	Type	Len	Informat	Label
69	CM82_OnsetYr	Num	8	11.	CAM81: 4. Date of onset (yyyy)
70	CM82_RelatStdyDrug	Num	8	11.	CAM81: 5. Relationship to study drug (circle one)
71	CM82_Duration	Num	8	11.	CAM81: 6. Duration (circle one)
72	CM82_ActnTkn1	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - None
73	CM82_ActnTkn2	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - Self treatment or OTC therapy
74	CM82_ActnTkn3	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - Office, clinic, ER, or out-patient visit
75	CM82_ActnTkn4	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - Inpatient visit or hospital admission
76	CM82_ActnTkn5	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - Prescription medication
77	CM82_ActnTkn6	Num	8	11.	CAM81: 7. Action taken / corrective therapy (check all that apply or check 'None') - Procedure performed
78	CM82_ActnTknDrg	Num	8	11.	CAM81: 8. Action taken regarding study drug (circle one)
79	CM82_Outcome1	Num	8	11.	CAM81: 9. Outcome (all that apply): Resolved
80	CM82_ReslvMo	Num	8	11.	CAM81: 9. Outcome (all that apply): Resolved - 4Date of resolution: mm
81	CM82_ReslvDy	Num	8	11.	CAM81: 9. Outcome (all that apply): Resolved - 4Date of resolution: dd
82	CM82_ReslvYr	Num	8	11.	CAM81: 9. Outcome (all that apply): Resolved - 4Date of resolution: yyyy
83	CM82_Outcome2	Num	8	11.	CAM81: 9. Outcome (all that apply): Recovered with residual effect
84	CM82_Outcome3	Num	8	11.	CAM81: 9. Outcome (all that apply): Required or prolonged hospitalization
85	CM82_Outcome4	Num	8	11.	CAM81: 9. Outcome (all that apply): Resulted in permanent or severe disability
86	CM82_Outcome5	Num	8	11.	CAM81: 9. Outcome (all that apply): Required intervention to prevent permanent damage or disability
87	CM82_Outcome6	Num	8	11.	CAM81: 9. Outcome (all that apply): Died - Complete form CAM91
88	CM82_DeathMo	Num	8	11.	CAM81: 9. Outcome (all that apply): Died - Date of death: mm
89	CM82_DeathDy	Num	8	11.	CAM81: 9. Outcome (all that apply): Died - Date of death: dd
90	CM82_DeathYr	Num	8	11.	CAM81: 9. Outcome (all that apply): Died - Date of death: yyyy
91	CM82_ProbCause	Char	200	$200.	CAM81: 9. Outcome (all that apply): Died - Probable cause of death:
92	EnteredDate	Char	10	$10.	CAM81: Entered Date
93	CertNum	Char	4	$4.	CAM81: CertNum
94	CAM82DONE	Num	8		Added: CAM82 Finished flagged as 1
95	cm82_SAEDescript	Char	2000		Derived Variable: Combine cm82_EvntDesc1, cm82_EvntDesc2, cm82_EvntDesc3
96	flag	Num	8		Derived Variable: Flag eq 1: Old version of AE; Flag eq 0: New Version of AE; Flag eq 2: SAE Form; Flag eq . : Can't make decision since too many variables are missing.
97	cm82_onsetdy_miss	Num	8		Derived Variable: Flag it if only onset date is missing. The last day of the onset month will be considered as onset date
98	CM82_OnsetDy_1	Num	8		Derived Variable: Missing CM82_OnsetDy was updated as the last day of the CM82_OnsetMo

Num	Variable	Type	Len	Informat	Label
99	cm82_Reslvdy_miss	Num	8		Derived Variable: Flag it if only Reslv day is missing. The last day of the onset month will be considered as Reslv day
100	CM82_ReslvDy_1	Num	8		Derived Variable: Missing CM82_ReslvDy was updated as the last day of the CM82_ReslvMo
101	CM81_AT	Num	8		Derived Variable: Flag CM81_AT if any of CM81_ActnTkn1 - CM81_ActnTkn6 not missing.
102	CM82_AT	Num	8		Derived Variable: Flag CM82_AT if any of CM82_ActnTkn1 - CM82_ActnTkn6 not missing.
103	CM82_OC	Num	8		Derived Variable: Flag CM82_OT if any of CM82_Outcome1 - CM82_Outcome6 not missing.
104	AE_Descript	Char	3000	$255.	Derived Variable: AE description combined from two versions of AE and SAE
105	AE_Relatn	Num	8		Derived Variable: Relationship combined from two versions of AE and SAE
106	AE_Effect	Num	8		Derived Variable: Effect combined from two versions of AE and SAE
107	AE_Actn	Num	8		Derived Variable: Action Taken combined from two versions of AE and SAE
108	AE_Grade	Num	8		Derived Variable: Grade combined from two versions of AE and SAE
109	AE_Outcome	Num	8		Derived Variable: Outcome combined from two versions of AE and SAE
110	AE_Outcome1	Num	8		Derived Variable: 1. Resolved/no follow-up needed
111	AE_Outcome2	Num	8		Derived Variable: 2. On-going/treatment continued
112	AE_Outcome3	Num	8		Derived Variable: 3. ER visit/prolonged hospitalization
113	AE_Outcome4	Num	8		Derived Variable: 4. Resulted in pesistent or significant disability/incapacity
114	AE_Outcome5	Num	8		Derived Variable: 5. Congenital anomaly
115	AE_Outcome6	Num	8		Derived Variable: 6. Life treateing
116	AE_Outcome7	Num	8		Derived Variable: 7. Fatal
117	AE_serious	Num	8		Derived Variable: 1='AE case only'; 2='SAE case w/wo AE case'
118	AE_Continue	Num	8		Derived Variable: Continuing flaged as 1
119	AE_Outcome8	Num	8		Derived Variable: 8. Recovered w/residual effect
120	AE_Outcome9	Num	8		Derived Variable: 9. Recovered w/persisitent effect
121	AE_Outcome10	Num	8		Derived Variable: 10. Not yet recovered
122	AE_Outcome11	Num	8		Derived Variable: 11. Required intervention to prevent permanent damage or disability
123	VAR1	Char	500	$255.	Derived Variable: Key for same Participantid and Onset_dt
124	AE_Descript_N	Char	255	$255.	Derived Variable: Adjusted AE description, used as Key for duplicated check
125	Code_Fill	Num	8		Derived Variable: Organ System Code(complete).
126	VAR	Char	5000	$123.	Derived Variable: Key for same Participantid, Onset_dt and adjusted AE_Description
127	AE_Grade_N	Num	8		Derived Variable: Highest AE_Grade for the same AEs
128	AE_Relatn_N	Num	8		Derived Variable: Highest AE_Relatn for the same AEs
129	AE_Effect_N	Num	8		Derived Variable: Highest AE_Effect for the same AEs
130	AE_Outcome1_N	Num	8		Derived Variable: Resolved/no follow-up needed(1-Yes)
131	AE_Outcome2_N	Num	8		Derived Variable: On-going/treatment continued(1-Yes)

Num	Variable	Type	Len	Informat	Label
132	AE_Outcome3_N	Num	8		Derived Variable: ER visit/prolonged hospitalization(1-Yes)
133	AE_Outcome4_N	Num	8		Derived Variable: Resulted in pesistent or significant disability/incapacity(1-Yes)
134	AE_Outcome5_N	Num	8		Derived Variable: Congenital anomaly(1-Yes)
135	AE_Outcome6_N	Num	8		Derived Variable: Life treatening(1-Yes)
136	AE_Outcome7_N	Num	8		Derived Variable: Fatal(1-Yes)
137	AE_Outcome8_N	Num	8		Derived Variable: Recovered w/residual effect(1-Yes)
138	AE_Outcome9_N	Num	8		Derived Variable: Recovered w/persisitent effect(1-Yes)
139	AE_Outcome10_N	Num	8		Derived Variable: Not yet recovered(1-Yes)
140	AE_Outcome11_N	Num	8		Derived Variable: Required intervention to prevent permanent damage or disability(1-Yes)
141	AE_Actn_N	Num	8		Derived Variable: Highest AE_Actn for the same AEs
142	AE_serious_N	Num	8		Derived Variable: Highest AE_serious for the same AEs
143	flag_AE	Num	8		Derived Variable: flag '1' will be used for analysis for AE with duplicated reocrds. no flagging is potential duplicates.
144	EventType	Char	34	$34.	Derived Variable: Character Description for Body System.
145	newcode	Char	39	$39.	Derived Variable: '99'= 'Others'; '50'= 'Dermatologic'; '42'= 'Gastrointestinal'; '40'= 'Genitourinary'; '37'= 'Musculoskeletal'; '27'= 'Upper Respiratory'
146	dose	Num	8		Derived Variable: Onset_date happened in the range of baseline to week 24 (Dose level 1); after week 24 to week 48 (Dose level 2); after week 48 to week 72 and after week 72 (Dose level 3).
147	days	Num	8		Derived Variable: Onset_dt to Enrolldt
148	flag_SAE	Num	8		Derived Variable: flag '1' will be used for analysis for SAE with duplicated reocrds. no flagging is potential duplicates.
149	AE_Outcome_N	Num	8		Derived Variable: Latest Outcome

Data Set Name: all.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	participantid	Char	7	$7.	ParticipantId
2	pool369	Num	8		Derived Variable: Enrolled Patients (369 ParticipantID) flagged as 1
3	pool357	Num	8		Derived Variable: Enrolled Patients who keep in the study after baseline (357 ParticipantID) flagged as 1
4	pool306	Num	8		Derived Variable: Enrolled Patients who finished the study after week 72 (306 ParticipantidID) flagged as 1
5	Enroll_Age	Num	8		Derived Variable: Enroll Year - Birth Year
6	medkitno	Char	6	$6.	Added: Med Kit #
7	PID	Char	7	$7.	Added: Participantid
8	drug	Num	8		Added: Treatment: 1-SAW PALMETTO; 2-PLACEBO
9	enrolldt	Num	8		Added: Enroll Date
10	site	Char	3		Added: Site
11	visitno	Num	8	11.	Added: Visit Week
12	CM01_Age	Num	8	11.	CAM01: 1. Is the participant a male at least 45 years of age?
13	CM01_UrinFlw	Num	8	11.	CAM01: 2a. Was the participant's peak urinary flow rate at least 4 mllsec at both screening visits?
14	CM01_VoidVol	Num	8	11.	CAM01: 2b. Was the participant's voided volume at least 125 ml at both screening visits?
15	CM01_AUAScr	Num	8	11.	CAM01: 3. Was the participant's AUA symptom score greater than or equal to 8 and less than or equal to 24 at both screening visits?
16	CM01_VolCnsnt	Num	8	11.	CAM01: 4. Did the participant voluntarily sign an informed consent agreement prior to the performance of any study procedures?
17	CM01_PrInvBPH	Num	8	11.	CAM01: 5. Has the participant had any prior invasive interventions for BPH?
18	CM01_Phytothrpy	Num	8	11.	CAM01: 6. Has the participant taken phytotherapy for BPH within 3 months prior to screening visit l?
19	CM01_Alphreduct	Num	8	11.	CAM01: 7. Has the participant taken a 5-alpha reductase inhibitor within 3 months prior to screening visit 1 ?
20	CM01_AlphBlck1M	Num	8	11.	CAM01: 8. Has the participant taken an alpha blocker within one month prior to screening visit I?
21	CM01_AlphblkAlrgy	Num	8	11.	CAM01: 9. Has the participant had an allergic reaction to Serenoa repens?
22	CM01_PrvMd4Wk	Num	8	11.	CAM01: 10. Has the participant taken an oral alpha agonist, tricyclic antidepressants, or anticholinergic or cholinergic medication within 4 weeks of the first screening visit, with the following exception: topical anticholinergic eye drops used for glauco
23	CM01_PrvMd6Mo	Num	8	11.	CAM01: 11. Has the participant taken estrogen, androgen, any drug producing androgen suppression, or anabolic steroids within 6 months prior to screening visit l?
24	CM01_RenalImp	Num	8	11.	CAM01: 12. Does the participant have known clinically significant renal impairment (it., creatinine > 2.0 mg/dL)?
25	CM01_ALT	Num	8	12.	CAM01: 13. Does the participant have an ALT(SGPT), AST(SG0T) or GGT value greater than 3 times the upper limit of normal, confirmed on a second measurement?

Num	Variable	Type	Len	Informat	Label
26	CM01_PTT	Num	8	12.	CAM01: 14. Does the participant have a prothrombin time greater than 3 seconds above the upper limit of normal or more than 3 seconds above the control value?
27	CM01_Ischemia	Num	8	12.	CAM01: 15. Does the participant have an electrocardiogram reading that suggests active ischemia?
28	CM01_PSALev	Num	8	11.	CAM01: 16. Is the participant's PSA level greater than 10 ng/ml at screening?
29	CM01_DailyPad	Num	8	11.	CAM01: 17. Does the participant require daily use of a pad or device for incontinence, or have an ICSmaleIS score >14 at baseline?
30	CM01_UnMedCond3M	Num	8	11.	CAM01: 18. Has the participant had an unstable medical condition within the past 3 months?
31	CM01_Carcinoma	Num	8	11.	CAM01: 19. Does the participant have a history of or current evidence of carcinoma of the prostate or bladder, pelvic radiation or surgery, urethral stricture or prior surgery for bladder neck obstruction?
32	CM01_UrTract1M	Num	8	11.	CAM01: 20. Does the participant have active urinary tract disease or has the participant undergone cystoscopy or biopsy of the prostate within 1 month prior to screening visit 1 or does he have an imminent need for urologic surgery?
33	CM01_NeurCond	Num	8	11.	CAM01: 21. Does the participant have known primary neurologic conditions such as multiple sclerosis or Parkinson's disease or other neurological diseases known to affect bladder function?
34	CM01_BacProstPYr	Num	8	11.	CAM01: 22. Has the participant had documented bacterial prostatitis within the past year?
35	CM01_UrTractPYr	Num	8	11.	CAM01: 23. Has the participant had two documented independent urinary tract infections of any type in the past year?
36	CM01_SevBleed	Num	8	11.	CAM01: 24. Does the participant have a known severe bleeding disorder or need for ongoing therapeutic anticoagulation with coumadin or heparin or Plavix?
37	CM01_Cancer	Num	8	11.	CAM01: 25. Does the participant have cancer which is not considered cured (except basal cell or squamous cell carcinoma of the skin)? A potential participant is considered cured if there has been no evidence of cancer within 5 years of study entry. A histo
38	CM01_FolDirctn	Num	8	11.	CAM01: 26. Is the participant unable to follow protocol directions due to organic brain or psychiatric disease?
39	CM01_Alcohol	Num	8	11.	CAM01: 27. Does the participant have a history of alcoholism or any other substance abuse, which, in the opinion of the investigator, would affect compliance with the protocol?
40	CM01_SMedCond	Num	8	11.	CAM01: 28. Does the participant have any serious medical condition likely to impede successful completion of the long-term study?
41	CM01_RandDate	Char	50	$50.	CAM01: 29. Date randomized:
42	CM01_RandMo	Num	8	12.	CAM01: 29. Date randomized:
43	CM01_RandDy	Num	8	12.	CAM01: 29. Date randomized:
44	CM01_RandYr	Num	8	12.	CAM01: 29. Date randomized:
45	CM01_RandNum	Char	6	$6.	CAM01: 30. Med Kit #:
46	BatchNum	Num	8		BatchNum
47	CAM01DONE	Num	8		Added: CAM01 Finished flagged as 1
48	cm01_visdt	Num	8		Added: Visit Date in Form CAM01
49	CM21_CnsntMo	Num	8	11.	CAM21: 1. Date consent form signed:

Num	Variable	Type	Len	Informat	Label
50	CM21_CnsntDy	Num	8	11.	CAM21: 1. Date consent form signed:
51	CM21_CnsntYr	Num	8	11.	CAM21: 1. Date consent form signed:
52	CM21_CnsntDate	Char	10	$10.	CAM21: 1. Date consent form signed:
53	CM21_OthTrial	Num	8	11.	CAM21: 2. Were you enrolled in another treatment trial for any disease in the past 30 days?
54	CM21_ScrnType	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (1) Initial Screen
55	CM21_ScrnMo	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
56	CM21_ScrnDy	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
57	CM21_ScrnYr	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
58	CM21_ScrnDate	Char	10	$10.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen: If rescreen, Date of the first screening:
59	CM21_Attempt	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - Number attempted screenings(including the current one)
60	CM21_aRace	Num	8	11.	CAM21: 5. Race / Ethnicity - (a) Do you consider yourself Hispanic or Latino?
61	CM21_bRace1	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: American Indian or Alaska Native - 1: Yes
62	CM21_bRace2	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Asian - 1: Yes
63	CM21_bRace3	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Native Hawaiian or Other Pacific Islander - 1: Yes
64	CM21_bRace4	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Black or African-American - 1: Yes
65	CM21_bRace5	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: White - 1: Yes
66	CM21_bRace6	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Unknown or Not Reported - 1: Yes
67	CM21_Married	Num	8	11.	CAM21: 6. Are you married or in a long-term committed relationship?
68	CM21_HEdu	Num	8	11.	CAM21: 7. What is the highest educational level that you achieved(check one)?
69	CM21_CnCmtntMed	Num	8	11.	CAM21: 8. Do you take any medication on a regular basis? - If 'Yes', fill out form CAM23(Concomitant Medication form) and CAM24(Urology Medication Tracking form)
70	CM21_CngenitalDz	Num	8	11.	CAM21: 9. Congenital disease. Probe with: Were you born with a birth defect or an unusual condition such as malformation of the limbs, head, skin, or internal organs?
71	CM21_LungDz	Num	8	11.	CAM21: 10. Lung disease. Probe with: Have you ever had chronic obstructive pulmonary disorder (COPD), emphysema, asthma, chronic bronchitis, pneumonia, or water on the lungs?
72	CM21_KidneyDz	Num	8	11.	CAM21: 11. Kidney disease. Probe with: Do you have kidney or bladder, stones, or kidney problems?
73	CM21_ImmuneDz	Num	8	11.	CAM21: 12. Immune disease. Probe with: Do you have rheumatoid arthritis or lupus?
74	CM21_Diabetic	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not?

Num	Variable	Type	Len	Informat	Label
75	CM21_DiabeticLength	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - a. How long have you had diabetes mellitus?
76	CM21_DiabeticType	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - b. Type of diabetes mellitus:
77	CM21_DiabeticOral	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - c. Have you taken any oral agents for diabetes mellitus?
78	CM21_Endocrin	Num	8	11.	CAM21: 14. Endocrine disorder. Probe with: Do you have a pituitary, thyroid, or adrenal gland disorder, or low testosterone?
79	CM21_LiverDz	Num	8	11.	CAM21: 15. Liver disease. Probe with: Do you have hepatitis or cirrhosis?
80	CM21_GastroDz	Num	8	11.	CAM21: 16. Gastrointestinal disease. Probe with: Do you have ulcers, serious heartburn, gastrointestinal bleeding, gallstones or other problems with your gallbladder, hemorrhoids, polyps, Crohn's disease or ulcerative colitis, diverticulitis, or pancreatit
81	CM21_SkinDz	Num	8	11.	CAM21: 17. Skin disease. Probe with: Do you have psoriasis, chronic rash, or eczema?
82	CM21_NervSysDz	Num	8	11.	CAM21: 18. Disease of the nervous system. Probe with: Do you have seizures, multiple sclerosis, Parkinson's, stroke, or muscle disease? (Excluded if known primary neurologic conditions such as multiple sclerosis or Parkinson's disease, or other neurologica
83	CM21_Carcinoma	Num	8	11.	CAM21: 19. Cancer. Probe with: Do you have or have you had any cancer or carcinoma? (Excluded if history or current evidence of carcinoma of the prostate or bladder, or cancer that is not considered cured, except basal cell or squamous cell carcinoma of th
84	CM21_Anemia	Num	8	11.	CAM21: 20. Anemia. Probe with: Do you have anemia?
85	CM21_BloodDz	Num	8	11.	CAM21: 21. Blood disease other than anemia. Probe with : Do you have sickle cell, leukemia, or a bleeding disorder?
86	CM21_UrnTract	Num	8	11.	CAM21: 22. History of urinary tract infections. Probe with : Do you have any of the following urinary conditions: burning, frequency, urgency, hematuria, or bladder spasm?
87	CM21_UrnRetensn	Num	8	11.	CAM21: 23. History of urinary retention. Probe with : Have you ever had an inability to urinate at all?
88	CM21_Hematuria	Num	8	11.	CAM21: 24. Prior history of gross or microscopic hematuria. Probe with : Have you ever had visible or microscopic blood in your urine?
89	CM21_Biopsy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate?
90	CM21_BiopsyMo	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
91	CM21_BiopsyDy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
92	CM21_BiopsyYr	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
93	CM21_BiopsyDate	Char	10	$10.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy? (Excluded if biopsy of the prostate within the past 4 weeks.)
94	CM21_Vasctmy	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy?
95	CM21_VasctmyYr	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy? - If yes, what was the year?

Num	Variable	Type	Len	Informat	Label
96	CM21_HisUrethral	Num	8	11.	CAM21: 27. History or current evidence of urethral stricture. Probe with: Do you currently or have you had a history of urethral stricture? (Excluded if participant has history or current evidence of urethral stricture)
97	CM21_Impotnce	Num	8	11.	CAM21: 28. Impotence. Probe with: Do you have any difficulty with erectile function?
98	CM21_Othgenurn	Num	8	11.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence?
99	CM21_OthgenurnD	Char	200	$200.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence? - If yes, specify
100	CM21_InfectDz	Num	8	11.	CAM21: 30. Infectious disease. Probe with: Do you have any infectious diseases such as HIV, herpes, or tuberculosis?
101	CM21_HisBPH	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes, (2)No
102	CM21_HisBPHD1	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Father
103	CM21_HisBPHD2	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Maternal grandfather
104	CM21_HisBPHD3	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One maternal uncle
105	CM21_HisBPHD4	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more maternal uncles
106	CM21_HisBPHD5	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One brother
107	CM21_HisBPHD6	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Two or more brothers
108	CM21_HisBPHD7	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Paternal grandfather
109	CM21_HisBPHD8	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One paternal uncle
110	CM21_HisBPHD9	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more paternal uncles
111	CM21_HisBPHD10	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Other male relative
112	CM21_HisProCncr	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes, (2)No
113	CM21_HisProCncrD1	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Father
114	CM21_HisProCncrD2	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Maternal grandfather
115	CM21_HisProCncrD3	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One maternal uncle
116	CM21_HisProCncrD4	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more maternal uncles
117	CM21_HisProCncrD5	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One brother
118	CM21_HisProCncrD6	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Two or more brothers

Num	Variable	Type	Len	Informat	Label
119	CM21_HisProCncrD7	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Paternal grandfather
120	CM21_HisProCncrD8	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One paternal uncle
121	CM21_HisProCncrD9	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more paternal uncles
122	CM21_HisProCncrD10	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Other male relative
123	CM21_LengthofBPH	Num	8		CAM21: 33. How long have you had symptoms of BPH? (years)
124	CM21_PastYrSym	Num	8	11.	CAM21: 34. Would you say that over the past year your symptoms have ...
125	CM21_BPHSym5Yr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - (1)Yes, (2)No
126	CM21_BPHSym5YrWR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
127	CM21_BPHSym5YrWD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
128	CM21_BPHSym5YrTR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
129	CM21_BPHSym5YrTD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
130	CM21_BPHSym5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
131	CM21_BPHSym5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
132	CM21_AlphablkMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
133	CM21_AlphablkDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
134	CM21_AlphablkYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
135	CM21_AlphablkDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
136	CM21_FinastrdMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
137	CM21_FinastrdDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
138	CM21_FinastrdYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)

Num	Variable	Type	Len	Informat	Label
139	CM21_FinastrdDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
140	CM21_BPHPhyto5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Recommended? 1-Yes
141	CM21_BPHPhyto5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Done? 1-Yes
142	CM21_PhytothrpyMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
143	CM21_PhytothrpyDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
144	CM21_PhytothrpyYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
145	CM21_PhytothrpyDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
146	EnteredDate	Char	10	$10.	CAM21:
147	CertNum	Char	4	$4.	CAM21:
148	QueryStr	Char	250	$250.	CAM21:
149	CM21_Cardiac	Num	8	6.	CAM21:
150	CM21_BPHSym5YrW	Num	8	6.	CAM21:
151	CM21_BPHSym5YrT	Num	8	6.	CAM21:
152	CM21_BPHSym5YrP	Num	8	6.	CAM21:
153	CM21_BPHPhyto5YrP	Num	8	6.	CAM21:
154	CM21_BPHSym5YrAB	Num	8	6.	CAM21:
155	CM21_BPHSym5YrAR	Num	8	6.	CAM21:
156	CAM21DONE	Num	8		Added: CAM21 Finished flagged as 1
157	cm21_visdt	Num	8		Added: Visit Date in Form CAM21
158	cm21_visit_type	Num	8		Added: Visit Type in Form CAM21
159	cm21_staff_ID	Num	8		Added: Staff ID in Form CAM21
160	CM22_NewConMed	Num	8	11.	CAM22: 1. Have there been changes in or new concomitant medications since the last visit? - If yes, update concomitant medication form (CAM23).
161	CM22_NewUrolMed	Num	8	11.	CAM22: 2. Have there been changes in or new urology medications since the last visit? - If yes, update urology medication tracking form (CAM24).
162	CM22_NewAdvEvnt	Num	8	11.	CAM22: 3. Has the participant experienced any new adverse events since the last visit? - If yes, update adverse events form (CAM81).
163	CM22_ReslvAdvEvnt	Num	8	11.	CAM22: 4. Have previously reported adverse events resolved or worsened since the last visit - If yes, update adverse events form (CAM81).
164	CM22_SupraCath	Num	8	11.	CAM22: 5. Does participant currently have a suprapubic catheter, use CIC/ISC, or had a catheter removed since the last visit?

Num	Variable	Type	Len	Informat	Label
165	CM22_BPHProg	Num	8	11.	CAM22: 6. Has the participant reached a protocol defined BPH outcome? - If yes, update BPH outcome events form (CAM61).
166	CAM22DONE	Num	8		Added: CAM22 Finished flagged as 1
167	cm22_visdt	Num	8		Added: Visit Date in Form CAM22
168	cm22_visit_type	Num	8		Added: Visit Type in Form CAM22
169	CM31_Height	Num	8	11.	1. Height: inches (SVl visit only)
170	CM31_Weight	Num	8	11.	CAM31: 2. Weight: pounds(In-Clinic Only - SVI, 24,48, 72 visit only)
171	CM31_BPSys	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Systolic mmHg <07/06/2007 version>
172	CM31_BPDia	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Diastolic mmHg <07/06/2007 version>
173	CM31_HrtRate	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (b) Heart rate - bpm <07/06/2007 version>
174	CM31_BPSys1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Systolic mmHg
175	CM31_BPDia1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
176	CM31_HrtRate1	Num	8	11.	CAM31: 4. Seated measurements: (b) Heart rate reading - bpm
177	CM31_BPSys2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Systolic mmHg
178	CM31_BPDia2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
179	CM31_HrtRate2	Num	8	11.	CAM31: 5. Seated measurements: (b) Heart rate reading - bpm
180	CAM31DONE	Num	8		Added: CAM31 Finished flagged as 1
181	cm31_Visdt	Num	8		Added: Visit Date in Form CAM31
182	cm31_staff_ID	Num	8		Added: Staff ID in Form CAM31
183	CM32_PhysExam	Num	8	11.	CAM32: 1. Was a physical examination done at this visit? - If 'No', stop here./If 'Yes', record below.
184	CM32_HENT	Num	8	11.	CAM32: 2. Head, ears, nose, throat
185	CM32_HENTAb	Char	200	$200.	CAM32: 2. Head, ears, nose, throat - If abnormal, specify
186	CM32_Eyes	Num	8	11.	CAM32: 3. Eyes
187	CM32_EyesAb	Char	200	$200.	CAM32: 3. Eyes - If abnormal, specify
188	CM32_Neck	Num	8	11.	CAM32: 4. Neck (include bruits)
189	CM32_NeckAb	Char	200	$200.	CAM32: 4. Neck (include bruits) - If abnormal, specify
190	CM32_Heart	Num	8	11.	CAM32: 5. Heart
191	CM32_HeartAb	Char	200	$200.	CAM32: 5. Heart - If abnormal, specify
192	CM32_LungResp	Num	8	11.	CAM32: 6. Lungs and respiration
193	CM32_LungRespAb	Char	200	$200.	CAM32: 6. Lungs and respiration - If abnormal, specify
194	CM32_Abdomen	Num	8	11.	CAM32: 7. Abdomen (include bruits)
195	CM32_AbdomenAb	Char	200	$200.	CAM32: 7. Abdomen (include bruits) - If abnormal, specify
196	CM32_Liver	Num	8	11.	CAM32: 8. Liver
197	CM32_LiverAb	Char	200	$200.	CAM32: 8. Liver - If abnormal, specify

Num	Variable	Type	Len	Informat	Label
198	CM32_Msculskltl	Num	8	11.	CAM32: 9. Musculoskeletal
199	CM32_MsculskltlAb	Char	200	$200.	CAM32: 9. Musculoskeletal - If abnormal, specify
200	CM32_Skin	Num	8	11.	CAM32: 10. Skin
201	CM32_SkinAb	Char	200	$200.	CAM32: 10. Skin - If abnormal, specify
202	CM32_Neurolgcl	Num	8	11.	CAM32: 11 .Neurological
203	CM32_NeurolgclAb	Char	200	$200.	CAM32: 11 .Neurological - If abnormal, specify
204	CM32_Urogenital	Num	8	11.	CAM32: 12.Urogenita
205	CM32_UrogenitalAb	Char	200	$200.	CAM32: 12.Urogenita - If abnormal, specify
206	CM32_ProstSize	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (a) Prostate size: gm
207	CM32_Noduls	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (b) Nodules or indurations:
208	CM32_Asymtry	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (c) Asymmetry:
209	CM32_Cncr	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (d) Suspicious for cancer:
210	CM32_Tender	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (e) Tenderness:
211	CAM32DONE	Num	8		Added: CAM32 Finished flagged as 1
212	cm32_Visdt	Num	8		Added: Visit Date in Form CAM32
213	cm32_staffID	Num	8		Added: Staff ID in Form CAM32
214	CM41_PSADone	Num	8	11.	CAM41: 1. Was a serum PSA sample collected at this visit? - If 'Yes', record date of collection. If 'No', STOP.
215	CM41_PSAShipped	Num	8	11.	CAM41: 2. *Was a serum PSA sample shipped to central lab? - *Does not apply to site# 277
216	CM41_PSAResult	Num	8		CAM41: 4. PSA results from Central Lab: ng/ml - For screening visit 1 , excluded if serum prostate specific antigen level > 10 ng/ml.
217	CAM41DONE	Num	8		Added: CAM41 Finished flagged as 1
218	CM41_PSADt	Num	8		Derived from CAM41 Q1
219	CM41_PSAShipDt	Num	8		Derived from CAM41 Q3
220	cm41_Visdt	Num	8		Added: Visit Date in Form CAM41
221	cm41_StaffID	Num	8		Added: Staff ID in Form CAM41
222	CM42_UroFlow	Num	8	12.	CAM42: 1. Were uroflow measurements done at this visit? - If 'No', stop here. If 'Yes', record below.
223	CM42_VoidTime	Num	8	11.	CAM42: 2. Voiding time: sec
224	CM42_FlowTime	Num	8	11.	CAM42: 3. Flow time: sec
225	CM42_TimeMaxFlow	Num	8	11.	CAM42: 4. Time to maximum flow: sec
226	CM42_PeakFlowRt	Num	8		CAM42: 5. Peak flow rate: ml/sec - For screening visits 1 and 2: Excluded if peak flow rate is less than 4 ml/sec.
227	CM42_MeanFlowRt	Num	8		CAM42: 6. Mean flow rate: ml/sec
228	CM42_VoidVol	Num	8	11.	CAM42: 7. Voided volume: ml - For Screening visits: Excluded if voided volume < 125 ml.
229	CM42_PostVoidRes	Num	8	11.	CAM42: 8. Post-void residual: ml

Num	Variable	Type	Len	Informat	Label
230	CAM42DONE	Num	8		Added: CAM42 Finished flagged as 1
231	cm42_visdt	Num	8		Added: Visit Date in Form CAM42
232	cm42_staff_ID	Num	8		Added: Staff ID in Form CAM42
233	CM45_WBC	Num	8	11.	CAM45: 1. Complete blood count: (a) Leukocyte count (WBC):
234	CM45_RBC	Num	8	11.	CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC):
235	CM45_Hgb	Num	8	11.	CAM45: 1. Complete blood count: (c) Hemoglobin:
236	CM45_Hct	Num	8	11.	CAM45: 1. Complete blood count: (d) Hematocrit:
237	CM45_PltCnt	Num	8	11.	CAM45: 1. Complete blood count: (e) Platelet count:
238	CM45_Ptt	Num	8		CAM45: 2. Prothrombin time: Seconds
239	CM45_PttULN	Num	8		CAM45: 2. Prothrombin time: Upper limit of normal or control value (Seconds)
240	CM45_Sodium	Num	8	11.	CAM45: 3. Serum chemistries: (a) Sodium:
241	CM45_Potasm	Num	8	11.	CAM45: 3. Serum chemistries: (b) Potassium:
242	CM45_Chloride	Num	8	11.	CAM45: 3. Serum chemistries: (c) Chloride:
243	CM45_Bicarb	Num	8	11.	CAM45: 3. Serum chemistries: (d) Bicarbonate:
244	CM45_Glucose	Num	8	11.	CAM45: 3. Serum chemistries: (e) Glucose:
245	CM45_Creat	Num	8	11.	CAM45: 3. Serum chemistries: (f) Creatinine:
246	CM45_SgptVal	Num	8	11.	CAM45: 3. Serum chemistries: (g) ALT (SGPT): IU/L
247	CM45_SgotValue	Num	8	11.	CAM45: 3. Serum chemistries: (h) AST (SGOT): IU/L
248	CM45_GgtVal	Num	8	11.	CAM45: 3. Serum chemistries: (i) GGT: IU/L
249	CM45_WBCVal	Num	8		CAM45: 1. Complete blood count: (a) Leukocyte count (WBC): thou/cmm
250	CM45_RBCVal	Num	8		CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC): mill/cmm
251	CM45_HgbVal	Num	8		CAM45: 1. Complete blood count: (c) Hemoglobin: g/dl
252	CM45_HctVal	Num	8		CAM45: 1. Complete blood count: (d) Hematocrit: %
253	CM45_PltCntVal	Num	8		CAM45: 1. Complete blood count: (e) Platelet count: thou/cmm
254	CM45_INR	Num	8		CAM45: 2. Prothrombin time: INR:
255	CM45_SodiumVal	Num	8		CAM45: 3. Serum chemistries: (a) Sodium: meq/l
256	CM45_PotasmVal	Num	8		CAM45: 3. Serum chemistries: (b) Potassium: meq/l
257	CM45_ChlorideVal	Num	8		CAM45: 3. Serum chemistries: (c) Chloride: meq/l
258	CM45_BicarbVal	Num	8		CAM45: 3. Serum chemistries: (d) Bicarbonate: meq/l
259	CM45_GlucoseVal	Num	8		CAM45: 3. Serum chemistries: (e) Glucose: meq/l
260	CM45_CreatVal	Num	8		CAM45: 3. Serum chemistries: (f) Creatinine: meq/l
261	CM45_Sgpt	Num	8	6.	CAM45: 3. Serum chemistries: (g) ALT (SGPT):
262	CM45_Sgot	Num	8	6.	CAM45: 3. Serum chemistries: (h) AST (SGOT):
263	CM45_Ggt	Num	8	6.	CAM45: 3. Serum chemistries: (i) GGT:
264	CAM45DONE	Num	8		Added: CAM45 Finished flagged as 1
265	cm45_visdt	Num	8		Added: Visit Date in Form CAM45
266	cm45_staff_id	Num	8		Added: Visit Type in Form CAM45

Num	Variable	Type	Len	Informat	Label
267	CM46_PH	Num	8		CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (a) pH:
268	CM46_UGlucose	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (b) Glucose
269	CM46_UBlood	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (c) Blood
270	CM46_UKetone	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (d) Ketones
271	CM46_UProtein	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (e) Protein
272	CM46_ULeuko	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (f) Leukocyte esterase
273	CM46_UWBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (a) WBC
274	CM46_URBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (b) RBC
275	CM46_UEpiCell	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (c) Epithelial cells
276	CM46_UMucous	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (d) Mucous
277	CM46_UBacteria	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (e) Bacteria
278	CM46_UCstHyaln	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (f) Casts hyaline
279	CM46_UCstOthr	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (g) Casts other
280	cm46_visdt	Num	8		Added: Visit Date in Form CAM46
281	CAM46Done	Num	8		Added: CAM46 Finished flagged as 1
282	CM47_SerumDone	Num	8	11.	CAM47: Was a serum sample collected at this visit?
283	CM47_SerumDate	Char	10	$10.	CAM47: (1) Yes - If 'Yes', Date of collection:
284	CM47_SerumMo	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: mm
285	CM47_SerumDy	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: dd
286	CM47_SerumYr	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: yyyy
287	CM47_SerumNotDone	Num	8	11.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one).
288	CM47_Specify	Char	200	$200.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one). - (3)0ther, specify:
289	CM47_SerumShipped	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository?
290	CM47_SerumShipDate	Char	10	$10.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment:

Num	Variable	Type	Len	Informat	Label
291	CM47_SerumShipMo	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: mm
292	CM47_SerumShipDy	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: dd
293	CM47_SerumShipYr	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: yyyy
294	cm47_visdt	Num	8		Added: Visit Date in Form CAM47
295	CAM47Done	Num	8		Added: CAM47 Finished flagged as 1
296	CM48_EcgDone	Num	8	6.	CAM48: 1. Was electrocardiogram done at this visit? - If 'No', stop. If 'Yes', record below.
297	CM48_Ecg	Num	8	6.	CAM48: 7 Electrocardiogram:
298	CM48_Ischemia	Num	8	6.	CAM48: 3. Is there evidence of recent MI or Acute Ischemia - If any values are abnormal and clinically significant, complete adverse events form (CAM81).
299	CAM48DONE	Num	8		Added: CAM48 Finished flagged as 1
300	cm48_visdt	Num	8		Added: Visit Date in Form CAM48
301	CM51_TabRetYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules returned at this visit? - If 'Yes', record the number of capsules dispensed below.
302	CM51_TabDispYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules dispensed at this visit? - If 'Yes', record the number of capsules dispensed below.
303	CM51_RetDispMo	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
304	CM51_RetDispDy	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
305	CM51_RetDispYr	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
306	CM51_TabRetA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules returned
307	CM51_TabDispA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules dispensed
308	CM51_InterruptMed	Num	8	11.	CAM51: II. Was study medication temporarily intenupted since last visit?
309	CM51_DaysInterrupt	Num	8	11.	CAM51: II. If yes, for how many days:
310	CM51_TabTkn1A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules taken by participant (Old Version only)
311	CM51_TabTkn2A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules participant should have taken (Old Version only)
312	CM51_ComplianceA	Num	8		CAM51: III Participant Compliance Calculation: %Compliance (Old Version only)
313	CM51_DrugTime	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications. - Time
314	CM51_DrugAmPm	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications - AMPM.
315	CM51_RandNum	Char	6	$6.	CAM51: Med Kit #
316	CAM51Done	Num	8		Added: CAM51 Finished flagged as 1
317	cm51_visdt	Num	8		Added: Visit Date in Form CAM51
318	cm52_visdt	Num	8		Added: Visit Date in Form CAM52
319	CM52_LstDosedt	Num	8		Derived Variable: 1. Date of last dose of study medication:

Num	Variable	Type	Len	Informat	Label
320	CM52_LstDoseMo	Num	8	6.	CAM52: 1. Date of last dose of study medication:
321	CM52_LstDoseDy	Num	8	6.	CAM52: 1. Date of last dose of study medication:
322	CM52_LstDoseYr	Num	8	6.	CAM52: 1. Date of last dose of study medication:
323	CM52_TrtDiscont	Num	8	6.	CAM52: 2. Reason for treatment discontinuation (check one):
324	CM52_OtherSpecify	Char	200	$200.	CAM52: 2. Reason for treatment discontinuation (check one): Other, specify:
325	CM52_ContFup	Num	8	6.	CAM52: 3. Will the participant continue follow-up visits?
326	CAM52DONE	Num	8		Added: CAM52 Finished flagged as 1
327	cm52_EnteredDate	Char	10		CAM52:
328	cm52_CertNum	Char	4		CAM52:
329	CM61_BPHProgAssmnt	Num	8	11.	CAM61: 1. BPH Outcomes: a. Specify the classification of the outcome for the participant below, check only one.
330	CM61_AcuteUrinReten	Num	8	11.	CAM61: 1. Acute urinary retention
331	CM61_EventMoA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: mm
332	CM61_EventDyA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: dd
333	CM61_EventYrA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: yyyy
334	CM61_RecurSymptUTI	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis
335	CM61_EventMoB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: mm
336	CM61_EventDyB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: dd
337	CM61_EventYrB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: yyyy
338	CM61_NewIncontnce	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence
339	CM61_EventMoC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: mm
340	CM61_EventDyC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: dd
341	CM61_EventYrC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: yyyy
342	CM61_TURP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TURP

Num	Variable	Type	Len	Informat	Label
343	CM61_TUIP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUIP
344	CM61_RadProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Radical prostatectomy
345	CM61_OpenProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Open prostatectomy
346	CM61_TUNA	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUNA
347	CM61_MicrowavThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Microwave therapy
348	CM61_LaserThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Laser therapy
349	CM61_Stent	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Stent
350	CM61_OthInvThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other invasive therapy
351	CM61_InvThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:
352	CM61_InvThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:
353	CM61_OthPhytoThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other phytotherapy
354	CM61_PhytoThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
355	CM61_PhytoThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
356	CM61_OthMedThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other medical therapy
357	CM61_MedThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:
358	CM61_MedThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:

Num	Variable	Type	Len	Informat	Label
359	CM61_SwitchThrpy	Num	8	11.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one):
360	CM61_SideEffct	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 3. Intolerable side effects - Specify:
361	CM61_Other	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 4. Other - Specify:
362	CAM61DONE	Num	8		Added: CAM61 Finished flagged as 1
363	cm61_visdt	Num	8		Added: Visit Date in Form CAM61
364	cm61_staff_id	Num	8		Added: Staff ID in Form CAM61
365	NUM	Num	8		
366	CHAR	Char	362		
367	CM62_LstStdyVisMo	Num	8	11.	CAM62: 1. Date of last study visit:
368	CM62_LstStdyVisDy	Num	8	11.	CAM62: 1. Date of last study visit:
369	CM62_LstStdyVisYr	Num	8	11.	CAM62: 1. Date of last study visit:
370	CM62_ReasnTermVis	Num	8	11.	CAM62: 2. Main reason for termination of follow-up visit (circle one):
371	CM62_Explain1	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
372	CM62_Explain2	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
373	CM62_Explain3	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
374	CM62_Explain4	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
375	CM62_Explain5	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
376	discntdt	Num	8		
377	CAM62DONE	Num	8		Added: CAM62 Finished flagged as 1
378	cm62_visdt	Num	8		Added: Visit Date in Form CAM62
379	cm62_staff_id	Num	8		Added: Staff ID in Form CAM62
380	CM71_Quest1	Num	8	11.	CAM71: 1. Have trouble falling asleep?
381	CM71_Quest2	Num	8	11.	CAM71: 2. Wake up several times per night?
382	CM71_Quest3	Num	8	11.	CAM71: 3. Have trouble staying asleep(including waking far too early)?
383	CM71_Quest4	Num	8	11.	CAM71: 4. Wake up after your usual amount of sleep feeling tired and worn out?
384	CAM71DONE	Num	8		CAM71: Added: CAM71 Finished flagged as 1
385	cm71_visdt	Num	8		Added: Visit Date in Form CAM71
386	CM72_Quest1	Num	8	11.	CAM72: 1. How often were you able to get an erection during sexual activity?
387	CM72_Quest2	Num	8	11.	CAM72: 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
388	CM72_Quest3	Num	8	11.	CAM72: 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?
389	CM72_Quest4	Num	8	11.	CAM72: 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Num	Variable	Type	Len	Informat	Label
390	CM72_Quest5	Num	8	11.	CAM72: 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
391	CM72_Quest6	Num	8	11.	CAM72: 6. How do you rate your confidence that you could get and keep an erection?
392	CM72_Quest7	Num	8	11.	CAM72: 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
393	CM72_Quest8	Num	8	11.	CAM72: 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
394	CM72_Quest9	Num	8	11.	CAM72: 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
395	CAM72DONE	Num	8		Added: CAM72 Finished flagged as 1
396	cm72_visdt	Num	8		Added: Visit Date in Form CAM72
397	CM73_Quest1	Num	8	11.	CAM73: 1. In the past month, how often have you been able to ejaculate when having sexual activity?
398	CM73_Quest2	Num	8	11.	CAM73: 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
399	CM73_Quest3	Num	8	11.	CAM73: 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...
400	CM73_Quest4	Num	8	11.	CAM73: 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
401	CAM73DONE	Num	8		Added: CAM73 Finished flagged as 1
402	cm73_visdt	Num	8		Added: Visit week in Form CAM73
403	CM74_Quest1	Num	8	11.	CAM74: 1. Did you have to rush to the toilet to urinate?
404	CM74_Quest2	Num	8	11.	CAM74: 2. Did urine leak before you could get to the toilet?
405	CM74_Quest3	Num	8	11.	CAM74: 3. Did urine leak when you coughed or sneezed?
406	CM74_Quest4	Num	8	11.	CAM74: 4. Did you leak for no obvious reason and without feeling that you wanted to go?
407	CM74_Quest5	Num	8	11.	CAM74: 5. Did you leak urine when you were asleep?
408	CM74_Quest6	Num	8	11.	CAM74: 6. Did you have a slight wetting of your pants a few minutes after you had finished urinating?
409	CM74_ICSmaleIS	Num	8	11.	CAM74: To be completed by the study coordinator: ICSmaleIS Score
410	CM74_Quest8	Num	8	6.	CAM74: 7. If you had to spend the rest of your life with your urinary or bladder function just the way it is now, how would you feel about that?
411	CAM74DONE	Num	8		Added: CAM74 Finished flagged as 1
412	cm74_visdt	Num	8		Added: Visit week in Form CAM74
413	CM75_Quest1	Num	8	11.	CAM75: 1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
414	CM75_Quest2	Num	8	11.	CAM75: 2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?
415	CM75_Quest3	Num	8	11.	CAM75: 3. Over the past month, how often have you found you stopped and started again several times when you urinated?
416	CM75_Quest4	Num	8	11.	CAM75: 4. Over the past month, how often have you found it difficult to postpone urination?
417	CM75_Quest5	Num	8	11.	CAM75: 5. Over the past month, how often have you had a weak urinary stream?

Num	Variable	Type	Len	Informat	Label
418	CM75_Quest6	Num	8	11.	CAM75: 6. Over the past month, how often have you had to push or strain to begin urination?
419	CM75_Quest7	Num	8	11.	CAM75: 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
420	CM75_AUASS	Num	8	11.	CAM75: To be completed by the study coordinator: AUASS
421	CM75_Quest8	Num	8	11.	CAM75: 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
422	CM75_Quest9	Num	8	11.	CAM75: 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?
423	CAM75DONE	Num	8		Added: CAM75 Finished flagged as 1
424	cm75_visdt	Num	8		Added: Visit week in Form CAM75
425	cm75_StaffID	Num	8		Added: Staff ID in Form CAM75
426	CM76_Quest1	Num	8	11.	CAM76: 1. Over the past month, how much physical discomfort did any urinary problems cause you?
427	CM76_Quest2	Num	8	11.	CAM76: 2. Over the past month, how much did you wony about your health because of any urinary problems?
428	CM76_Quest3	Num	8	11.	CAM76: 3. Overall, how bothersome has any trouble with urination been during the past month?
429	CM76_Quest4	Num	8	11.	CAM76: 4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?
430	CM76_BPHImpScre	Num	8	11.	CAM76: 5. To be completed by the study coordinator: BPH Impact Index Score = (Total of items 1-4.)
431	CM76_Quest6	Num	8	6.	CAM76: 6. Compared to the beginning of the study, how do you feel about your urination now?
432	CAM76DONE	Num	8		Added: CAM76 Finished flagged as 1
433	cm76_visdt	Num	8		Added: Visit week in Form CAM76
434	cm76_StaffID	Num	8		Added: Staff ID in Form CAM76
435	CM77_Quest1	Num	8	11.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now?
436	CM77_Quest2	Num	8	11.	CAM77: 2. How satisfied or dissatisfied are you with any urinary symptoms you have now?
437	CM77_Quest3	Num	8	11.	CAM77: 3. Compared to the beginning of the study, how are your urinary incontinence symptoms now?
438	CM77_Quest4	Num	8	11.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now?
439	CM77_Quest1u	Num	8	6.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now? <12/04/2008>
440	CM77_Quest2u	Num	8	6.	CAM77: 2. Compared to the beginning of the study, how are your urinary incontinence symptoms now? <12/04/2008>
441	CM77_Quest3u	Num	8	6.	CAM77: 3. How satisfied or dissatisfied are you with any urinary symptoms you have now? <12/04/2008>
442	CM77_Quest4u	Num	8	6.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now? <12/04/2008>
443	CAM77DONE	Num	8		Added: CAM77 Finished flagged as 1

Num	Variable	Type	Len	Informat	Label
444	cm77_Visdt	Num	8		Added: Visit week in Form CAM77
445	CM78_Quest1A	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (a) Area between rectum and testicles (perineum)?
446	CM78_Quest1B	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (b) Testicles?
447	CM78_Quest1C	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (c) Tip of the penis (not related to urination)?
448	CM78_Quest1D	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (d) Below your waist in your pubic or bladder area?
449	CM78_Quest2A	Num	8	11.	CAM78: 2. In the past week, have you experienced: (a) Pain or burning during urination?
450	CM78_Quest2B	Num	8	11.	CAM78: 2. In the past week, have you experienced: (b) Pain or discomfort during or after sexual climax (ejaculation)?
451	CM78_Quest3	Num	8	11.	CAM78: 3. How often have you had pain or discomfort in any of these areas over the last week?
452	CM78_Quest4	Num	8	11.	CAM78: 4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?
453	CM78_Quest5	Num	8	11.	CAM78: 5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
454	CM78_Quest6	Num	8	11.	CAM78: 6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?
455	CM78_Quest7	Num	8	11.	CAM78: 7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
456	CM78_Quest8	Num	8	11.	CAM78: 8. How much did you think about your symptoms, over the last week?
457	CM78_Quest9	Num	8	11.	CAM78: 9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
458	CAM78DONE	Num	8		Added: CAM78 Finished flagged as 1
459	cm78_Visdt	Num	8		Added: Visit week in Form CAM78
460	CM79_Quest1	Num	8	11.	CAM79: 1. What is your best guess about what treatment you are getting as part of the CAMUS study?
461	CAM79DONE	Num	8		Added: Visit week in Form CAM79
462	cm79_visdt	Num	8		Added: Visit week in Form CAM79
463	CM91_DthStatus	Num	8	11.	CAM91: 1. Status at time of death
464	CM91_DeathMo	Num	8	11.	CAM91: 2. Date of death : mm
465	CM91_DeathDy	Num	8	11.	CAM91: 2. Date of death : dd
466	CM91_DeathYr	Num	8	11.	CAM91: 2. Date of death : yyyy
467	CM91_LstProtTrtMo	Num	8	11.	CAM91: 3. Date of last protocol treatment : mm
468	CM91_LstProtTrtDy	Num	8	11.	CAM91: 3. Date of last protocol treatment : dd
469	CM91_LstProtTrtYr	Num	8	11.	CAM91: 3. Date of last protocol treatment : yyyy
470	CM91_PrimCause1	Char	50	$50.	CAM91: 4. Primary cause of death:
471	CM91_PrimCause2	Char	50	$50.	CAM91: 4. Primary cause of death:
472	CM91_ContrCause1	Char	50	$50.	CAM91: 5. Contributing cause of death:
473	CM91_ContrCause2	Char	50	$50.	CAM91: 5. Contributing cause of death:

Num	Variable	Type	Len	Informat	Label
474	CAm91DONE	Num	8		Added: CAM91 Finished flagged as 1
475	cm91_visdt	Num	8		Added: Visit week in Form CAM91
476	cm91_staff_id	Num	8		Added: Staff ID in Form CAM91
477	CM92_MissVisMo	Num	8	11.	CAM92: 1. Date of missed visit: mm
478	CM92_MissVisDy	Num	8	11.	CAM92: 1. Date of missed visit: dd
479	CM92_MissVisYr	Num	8	11.	CAM92: 1. Date of missed visit: yyyy
480	CM92_MissVisType	Num	8	11.	CAM92: 2. Type of missed visit:
481	CM92_MissReasnA	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): a. Participant forgot
482	CM92_MissReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in
483	CM92_ReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in (1) or (2)
484	CM92_SpecifyB1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
485	CM92_SpecifyB2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
486	CM92_MissReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized
487	CM92_ReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized (1) or (2)
488	CM92_SpecifyC1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
489	CM92_SpecifyC2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
490	CM92_MissReasnD	Num	8	11.	CAM92: d. Participant could not get off work
491	CM92_MissReasnE	Num	8	11.	CAM92: e. Participant unable to obtain dependent care
492	CM92_MissReasnF	Num	8	11.	CAM92: f. Participant had transportation problems
493	CM92_MissReasnG	Num	8	11.	CAM92: g. Participant unhappy with frequency of visits
494	CM92_MissReasnH	Num	8	11.	CAM92: h. Scheduling conflict
495	CM92_MissReasnI	Num	8	11.	CAM92: i. Participant had decided to discontinue study
496	CM92_MissReasnJ	Num	8	11.	CAM92: j. Other
497	CM92_SpecifyJ	Char	50	$50.	CAM92: j. Other - Specify:
498	CM92_Resolutn4A	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit.
499	CM92_SchedVisMo	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: mm
500	CM92_SchedVisDy	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: dd
501	CM92_SchedVisYr	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: yyyy
502	CM92_Resolutn4B	Num	8	11.	CAM92: 4. Resolution (check all that apply): b. Discontinued study
503	CM92_Resolutn4C	Num	8	11.	CAM92: 4. Resolution (check all that apply): c. Adverse event reported (fill out AE form CAM81)
504	CAm92DONE	Num	8		Added: CAM92 Finished flagged as 1
505	cm92_visdt	Num	8		Added: Visit week in Form CAM92
506	cm92_staff_id	Num	8		Added: Staff ID in Form CAM92

Num	Variable	Type	Len	Informat	Label
507	CM93_AbnPhysExm	Num	8	11.	CAM93: a. Abnormal physical examination
508	CM93_AbnLabs	Num	8	11.	CAM93: b. Abnormal lab results
509	CM93_LabND	Num	8	11.	CAM93: c. Required lab not done
510	CM93_TrtNonCompl	Num	8	11.	CAM93: d. Treatment non-compliance
511	CM93_AdvEvent	Num	8	11.	CAM93: e. Adverse events
512	CM93_InactveFup	Num	8	11.	CAM93: f. Inactive follow-up
513	CM93_MissedVis	Num	8	11.	CAM93: g. Missed required clinical visits
514	CM93_Other	Num	8	11.	CAM93: h. Other reason
515	CM93_OtherSpec	Char	100	$100.	CAM93: h. Other reason - Specify:
516	CM93_Comment1	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
517	CM93_Comment2	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
518	CM93_Comment3	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
519	CM93_Comment4	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
520	CM93_Comment5	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
521	CM93_Comment6	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
522	CM93_Comment7	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
523	CM93_Comment8	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
524	CAm93DONE	Num	8		Added: CAM93 Finished flagged as 1
525	cm93_visdt	Num	8		Added: Visit week in Form CAM93
526	cm93_staff_id	Num	8		Added: Staff ID in Form CAM93
527	CM94_AcuteUrinReten	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): a. Acute urinary retention (Complete form CAM61)
528	CM94_RecurSymptUTI	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): b. Recurrent symptomatic urinary tract infection or urosepsis (Complete form CAM61)
529	CM94_NewIncontnce	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): c. Incontinence event (Complete form CAM61)
530	CM94_AdverseEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): d. Adverse event (Complete form CAM81)
531	CM94_DispenseMed	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): e. Dispense medication (Complete form CAM51)
532	CM94_IIllnessEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): f. Intercurrent illness event (Complete Question 2 of this form)
533	CM94_IntercurIll1	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
534	CM94_IntercurIll2	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
535	CM94_SeriousEvnt	Num	8	11.	CAM94: 2. Intercurrent illness event: b. Is this a serious event ?

Num	Variable	Type	Len	Informat	Label
536	CM94_ActnTkn1	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
537	CM94_ActnTkn2	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
538	CM94_EvntDecl	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ?
539	CM94_ConfMo	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
540	CM94_ConfDy	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
541	CM94_ConfYr	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
542	CM94_PostVoidRes	Num	8	6.	CAM94:
543	CM94_Other	Num	8	6.	CAM94:
544	CM94_OTHSPECIFY	Char	200	$200.	CAM94:
545	CAm94DONE	Num	8		Added: CAM94 Finished flagged as 1
546	cm94_visdt	Num	8		Added: Visit week in Form CAM94
547	cm94_staff_id	Num	8		Added: Staff ID in Form CAM94
548	CM95_StudySite	Num	8	11.	CAM95: Study Site:
549	CM95_SiteFaxNo	Char	13	$13.	CAM95: Site Fax Number:
550	CM95_SiteContact	Char	50	$50.	CAM95: Site Contact:
551	CM95_SiteInv	Char	50	$50.	CAM95: Specific Site Investigator:
552	CM95_RequestMo	Num	8	11.	CAM95: Date of request: mm
553	CM95_RequestDy	Num	8	11.	CAM95: Date of request: dd
554	CM95_RequestYr	Num	8	11.	CAM95: Date of request: yyyy
555	CM95_ExemptDesc	Num	8	11.	CAM95: Protocol Exemption Description (check one):
556	CM95_Criterion1	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
557	CM95_Criterion2	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
558	CM95_OthSpec	Char	50	$50.	CAM95: Protocol Exemption Description (check one): (3) Other - Specify:
559	CM95_ExemptDetail1	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
560	CM95_ExemptDetail2	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
561	CM95_ExemptDetail3	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
562	CM95_ExemptDetail4	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
563	CM95_Decision	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (2) Denied
564	CM95_ExemptNo	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (1) Approved - If approved, exemption number:
565	CM95_Comment1	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
566	CM95_Comment2	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
567	CM95_Comment3	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
568	CAm95DONE	Num	8		Added: CAM95 Finished flagged as 1

Num	Variable	Type	Len	Informat	Label
569	cm95_visdt	Num	8		Added: Visit week in Form CAM95
570	cm95_staff_id	Num	8		Added: Staff ID in Form CAM95
571	CM96_OldClinNo	Num	8	11.	CAM96: A. Participant Identification - 1. Current clinic number:
572	CM96_RandNum	Char	6	$6.	CAM96: A. Participant Identification - 2. Medication ID:
573	CM96_LstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic
574	CM96_LstVisMo	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: mm
575	CM96_LstVisDy	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: dd
576	CM96_LstVisYr	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: yyyy
577	CM96_FstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic:
578	CM96_FstVisMo	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: mm
579	CM96_FstVisDy	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: dd
580	CM96_FstVisYr	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: yyyy
581	CM96_NewClinNo	Num	8	11.	CAM96: A. Participant Identification - 6. New clinic number:
582	CM96_Check1	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 1. Notify the coordinator at the New Clinic
583	CM96_Check2	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 2. Copy all CRFs and information in the patient binder
584	CM96_Check3	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 3. Copy all source documentation
585	CM96_Check4	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 4. Send copies to the New Clinic
586	CM96_Check5	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 5. Send any undispensed medication to the New Clinic
587	CM96_CmpFormInit	Char	3	$3.	CAM96: A. Participant Identification - 7. Complete the following checklist: Initials of person completing form :
588	CM96_Task1	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Check if done
589	CM96_Task1Mo	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - mm
590	CM96_Task1Dy	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - dd
591	CM96_Task1Yr	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - yyyy
592	CM96_Task2	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Check if done
593	CM96_Task2Mo	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - mm
594	CM96_Task2Dy	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - dd

Num	Variable	Type	Len	Informat	Label
595	CM96_Task2Yr	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - yyyy
596	CM96_Task3	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Check if done
597	CM96_Task3Mo	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - mm
598	CM96_Task3Dy	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - dd
599	CM96_Task3Yr	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - yyyy
600	CM96_Task4	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Check if done
601	CM96_Task4Mo	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - mm
602	CM96_Task4Dy	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - dd
603	CM96_Task4Yr	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - yyyy
604	CAm96DONE	Num	8		Added: CAM96 Finished flagged as 1
605	cm96_visdt	Num	8		Added: Visit week in Form CAM96
606	cm96_staff_id	Num	8		Added: Staff ID in Form CAM96
607	DateWk72MO	Num	8		CAM97:
608	DateWk72DY	Num	8		CAM97:
609	DateWk72YR	Num	8		CAM97:
610	ONStudyDRUG	Num	8		CAM97:
611	WEEK_DISC	Num	8		CAM97:
612	CONTACT_MADE	Num	8		CAM97:
613	ContactMo	Num	8		CAM97:
614	ContactDY	Num	8		CAM97:
615	ContactYR	Num	8		CAM97:
616	LabReport	Num	8		CAM97:
617	CM97_WBC	Num	8	6.	CAM97:
618	CM97_RBC	Num	8	6.	CAM97:
619	CM97_Hgb	Num	8	6.	CAM97:
620	CM97_Hct	Num	8	6.	CAM97:
621	CM97_PltCnt	Num	8	6.	CAM97:
622	CM97_WBC_res	Num	8	6.	CAM97:
623	CM97_RBC_res	Num	8	6.	CAM97:
624	CM97_Hgb_res	Num	8	6.	CAM97:
625	CM97_Hct_res	Num	8	6.	CAM97:
626	CM97_PltCnt_res	Num	8	6.	CAM97:
627	CM97_WBC_resm	Num	8	6.	CAM97:
628	CM97_WBC_resd	Num	8	6.	CAM97:
629	CM97_WBC_resy	Num	8	6.	CAM97:

Num	Variable	Type	Len	Informat	Label
630	CM97_RBC_resm	Num	8	6.	CAM97:
631	CM97_RBC_resd	Num	8	6.	CAM97:
632	CM97_RBC_resy	Num	8	6.	CAM97:
633	CM97_Hgb_resm	Num	8	6.	CAM97:
634	CM97_Hgb_resd	Num	8	6.	CAM97:
635	CM97_Hgb_resy	Num	8	6.	CAM97:
636	CM97_Hct_resm	Num	8	6.	CAM97:
637	CM97_Hct_resd	Num	8	6.	CAM97:
638	CM97_Hct_resy	Num	8	6.	CAM97:
639	CM97_PltCnt_resm	Num	8	6.	CAM97:
640	CM97_PltCnt_resd	Num	8	6.	CAM97:
641	CM97_PltCnt_resy	Num	8	6.	CAM97:
642	CM97_WBC_rela	Num	8	6.	CAM97:
643	CM97_RBC_rela	Num	8	6.	CAM97:
644	CM97_Hgb_rela	Num	8	6.	CAM97:
645	CM97_Hct_rela	Num	8	6.	CAM97:
646	CM97_PltCnt_rela	Num	8	6.	CAM97:
647	CM97_Sodium	Num	8	6.	CAM97:
648	CM97_Potasm	Num	8	6.	CAM97:
649	CM97_Chloride	Num	8	6.	CAM97:
650	CM97_Bicarb	Num	8	6.	CAM97:
651	CM97_Glucose	Num	8	6.	CAM97:
652	CM97_Creat	Num	8	6.	CAM97:
653	CM97_SGPTVal	Num	8	6.	CAM97:
654	CM97_SGOTVal	Num	8	6.	CAM97:
655	CM97_GGT	Num	8	6.	CAM97:
656	CM97_ElectroCar	Num	8	6.	CAM97:
657	CM97_Sodium_res	Num	8	6.	CAM97:
658	CM97_Potasm_res	Num	8	6.	CAM97:
659	CM97_Chloride_res	Num	8	6.	CAM97:
660	CM97_Bicarb_res	Num	8	6.	CAM97:
661	CM97_Glucose_res	Num	8	6.	CAM97:
662	CM97_Creat_res	Num	8	6.	CAM97:
663	CM97_SGPTVal_res	Num	8	6.	CAM97:
664	CM97_SGOTVal_res	Num	8	6.	CAM97:
665	CM97_GGT_res	Num	8	6.	CAM97:
666	CM97_ElectroCar_res	Num	8	6.	CAM97:
667	CM97_Sodium_resm	Num	8	6.	CAM97:
668	CM97_Potasm_resm	Num	8	6.	CAM97:

Num	Variable	Type	Len	Informat	Label
669	CM97_Chloride_resm	Num	8	6.	CAM97:
670	CM97_Bicarb_resm	Num	8	6.	CAM97:
671	CM97_Glucose_resm	Num	8	6.	CAM97:
672	CM97_Creat_resm	Num	8	6.	CAM97:
673	CM97_SGPTVal_resm	Num	8	6.	CAM97:
674	CM97_SGOTVal_resm	Num	8	6.	CAM97:
675	CM97_GGT_resm	Num	8	6.	CAM97:
676	CM97_ElectroCar_resm	Num	8	6.	CAM97:
677	CM97_Sodium_resd	Num	8	6.	CAM97:
678	CM97_Potasm_resd	Num	8	6.	CAM97:
679	CM97_Chloride_resd	Num	8	6.	CAM97:
680	CM97_Bicarb_resd	Num	8	6.	CAM97:
681	CM97_Glucose_resd	Num	8	6.	CAM97:
682	CM97_Creat_resd	Num	8	6.	CAM97:
683	CM97_SGPTVal_resd	Num	8	6.	CAM97:
684	CM97_SGOTVal_resd	Num	8	6.	CAM97:
685	CM97_GGT_resd	Num	8	6.	CAM97:
686	CM97_ElectroCar_resd	Num	8	6.	CAM97:
687	CM97_Sodium_resy	Num	8	6.	CAM97:
688	CM97_Potasm_resy	Num	8	6.	CAM97:
689	CM97_Chloride_resy	Num	8	6.	CAM97:
690	CM97_Bicarb_resy	Num	8	6.	CAM97:
691	CM97_Glucose_resy	Num	8	6.	CAM97:
692	CM97_Creat_resy	Num	8	6.	CAM97:
693	CM97_SGPTVal_resy	Num	8	6.	CAM97:
694	CM97_SGOTVal_resy	Num	8	6.	CAM97:
695	CM97_GGT_resy	Num	8	6.	CAM97:
696	CM97_ElectroCar_resy	Num	8	6.	CAM97:
697	CM97_Sodium_rela	Num	8	6.	CAM97:
698	CM97_Potasm_rela	Num	8	6.	CAM97:
699	CM97_Chloride_rela	Num	8	6.	CAM97:
700	CM97_Bicarb_rela	Num	8	6.	CAM97:
701	CM97_Glucose_rela	Num	8	6.	CAM97:
702	CM97_Creat_rela	Num	8	6.	CAM97:
703	CM97_SGPTVal_rela	Num	8	6.	CAM97:
704	CM97_SGOTVal_rela	Num	8	6.	CAM97:
705	CM97_GGT_rela	Num	8	6.	CAM97:
706	CM97_ElectroCar_rela	Num	8	6.	CAM97:
707	SERUMCOL	Num	8		CAM97:

Num	Variable	Type	Len	Informat	Label
708	PSARESULT	Num	8		CAM97:
709	URINALYSIS	Num	8		CAM97:
710	URI_PH	Num	8		CAM97:
711	URI_GLUCOSE	Num	8		CAM97:
712	URI_Blood	Num	8		CAM97:
713	URI_Ketones	Num	8		CAM97:
714	URI_Protein	Num	8		CAM97:
715	URI_LEUKO	Num	8		CAM97:
716	AESAE	Num	8		CAM97:
717	CAM97DONE	Num	8		CAM97:
718	cm97_visdt	Num	8		CAM97:
719	cm97_staff_id	Num	8		CAM97:
720	CM102_StartDate	Char	10	$10.	CAM102: Date
721	CM102_Age	Num	8	11.	CAM102: Age
722	CM102_bRace1	Num	8	11.	CAM102: Race (Check all that apply) - American Indian or Alaska Native
723	CM102_bRace2	Num	8	11.	CAM102: Race (Check all that apply) - Asian
724	CM102_bRace3	Num	8	11.	CAM102: Race (Check all that apply) - Native Hawaiian or Other Pacific Islander
725	CM102_bRace4	Num	8	11.	CAM102: Race (Check all that apply) - Black orAfrican-American
726	CM102_bRace5	Num	8	11.	CAM102: Race (Check all that apply) - White
727	CM102_bRace6	Num	8	11.	CAM102: Race (Check all that apply) - Unknown or Not Reported
728	CM102_aRace	Num	8	11.	CAM102: Ethnicity (Hispanic or Latino)
729	CM102_ScrnOutcome	Num	8	11.	CAM102: Screening Outcome
730	Ineligible_Spec	Char	200	$200.	CAM102: Screening Outcome - (3) Ineligible - If not eligible, specify
731	CM102_Randomized	Num	8	11.	CAM102: Randomized (SV2 only)
732	CM102_RandNum	Char	6	$6.	CAM102: If, available, please provide the Med Kit # assigned (SV2 only)
733	CM102_StopDate	Char	10	$10.	CAM102: Date (SV2 only)
734	CAM102DONE	Num	8		Added: CAM102 Finished flagged as 1
735	cm102_StaffID	Num	8		Added: Staff ID in Form CAM102
736	cm102_PID	Char	7		CAM102: PID # Assigned (SV2 only)
737	CM104_RandNum	Char	6	$6.	CAM104: Med Kit #
738	Date1	Char	30	$30.	CAM104: Date <Visit Number 1>
739	Study1	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 1>
740	Comment1	Char	30	$30.	CAM104: Comment <Visit Number 1>
741	Monitor1	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 1>
742	Date2	Char	30	$30.	CAM104: Date <Visit Number 2>
743	Study2	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 2>
744	Comment2	Char	30	$30.	CAM104: Comment <Visit Number 2>

Num	Variable	Type	Len	Informat	Label
745	Monitor2	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 2>
746	Date3	Char	30	$30.	CAM104: Date <Visit Number 3>
747	Study3	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 3>
748	Comment3	Char	30	$30.	CAM104: Comment <Visit Number 3>
749	Monitor3	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 3>
750	Date4	Char	30	$30.	CAM104: Date <Visit Number 4>
751	Study4	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 4>
752	Comment4	Char	30	$30.	CAM104: Comment <Visit Number 4>
753	Monitor4	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 4>
754	Date12	Char	30	$30.	CAM104: Date <Visit Number 12>
755	Study12	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 12>
756	Comment12	Char	30	$30.	CAM104: Comment <Visit Number 12>
757	Monitor12	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 12>
758	Date24	Char	30	$30.	CAM104: Date <Visit Number 24>
759	Study24	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 24>
760	Comment24	Char	30	$30.	CAM104: Comment <Visit Number 24>
761	Monitor24	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 24>
762	Date28	Char	30	$30.	CAM104: Date <Visit Number 28>
763	Study28	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 28>
764	Comment28	Char	30	$30.	CAM104: Comment <Visit Number 28>
765	Monitor28	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 28>
766	Date36	Char	30	$30.	CAM104: Date <Visit Number 36>
767	Study36	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 36>
768	Comment36	Char	30	$30.	CAM104: Comment <Visit Number 36>
769	Monitor36	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 36>
770	Date48	Char	30	$30.	CAM104: Date <Visit Number 48>
771	Study48	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 48>
772	Comment48	Char	30	$30.	CAM104: Comment <Visit Number 48>
773	Monitor48	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 48>
774	Date52	Char	30	$30.	CAM104: Date <Visit Number 52>
775	Study52	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 52>
776	Comment52	Char	30	$30.	CAM104: Comment <Visit Number 52>
777	Monitor52	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 52>

Num	Variable	Type	Len	Informat	Label
778	Date60	Char	30	$30.	CAM104: Date <Visit Number 60>
779	Study60	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 60>
780	Comment60	Char	30	$30.	CAM104: Comment <Visit Number 60>
781	Monitor60	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 60>
782	Date72	Char	30	$30.	CAM104: Date <Visit Number 72>
783	Study72	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 72>
784	Comment72	Char	30	$30.	CAM104: Comment <Visit Number 72>
785	Monitor72	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 72>
786	cm104_StaffID	Num	8		Added: Staff ID in Form CAM104
787	CAM104Done	Num	8		Added: CAM104 Finished flagged as 1
788	cm72_QuestN1	Num	8		Derived Variable: Recode cm72_Quest1 by subtracting 1 from the raw score. - 1. How often were you able to get an erection during sexual activity?
789	CM72_QuestN2	Num	8		Derived Variable: Recode cm72_Quest2 by subtracting 1 from the raw score. - 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
790	CM72_QuestN3	Num	8		Derived Variable: Recode cm72_Quest3 by subtracting 1 from the raw score. - 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?
791	CM72_QuestN4	Num	8		Derived Variable: Recode cm72_Quest4 by subtracting 1 from the raw score. - 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
792	CM72_QuestN5	Num	8		Derived Variable: Recode cm72_Quest5 by subtracting 1 from the raw score. - 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
793	CM72_QuestN6	Num	8		Derived Variable: Same as cm72_Quest6. - 6. How do you rate your confidence that you could get and keep an erection?
794	CM72_QuestN7	Num	8		Derived Variable: Recode cm72_Quest7 by subtracting 1 from the raw score. - 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
795	CM72_QuestN8	Num	8		Derived Variable: Recode cm72_Quest8 by subtracting 1 from the raw score. - 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
796	CM72_QuestN9	Num	8		Derived Variable: Same as cm72_Quest9. - 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
797	CM73_QuestN1	Num	8		Derived Variable: Recode cm73_Quest1 from 1 - 6 to 5 - 0 as cm73_QuestN1. - 1. In the past month, how often have you been able to ejaculate when having sexual activity?
798	CM73_QuestN2	Num	8		Derived Variable: Recode cm73_Quest2 from 1 - 6 to 5 - 0 as cm73_QuestN2. - 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
799	CM73_QuestN3	Num	8		Derived Variable: Recode cm73_Quest3 from 1 - 6 to 5 - 0 as cm73_QuestN3. - 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...

Num	Variable	Type	Len	Informat	Label
800	CM73_QuestN4	Num	8		Derived Variable: Same as cm73_Quest4. - 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
801	Noc	Num	8		Derived Variable: EQ to cm75_Quest7 - 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
802	QOL	Num	8		Derived Variable: EQ to cm75_Quest8 - 1 - 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
803	UI	Num	8		Derived Variable: EQ to cm75_Quest9 - 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?

Data Set Name: all_derived.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	participantid	Char	7	$7.	ParticipantId
2	pool369	Num	8		Derived Variable: Enrolled Patients (369 ParticipantID) flagged as 1
3	pool357	Num	8		Derived Variable: Enrolled Patients who keep in the study after baseline (357 ParticipantID) flagged as 1
4	pool306	Num	8		Derived Variable: Enrolled Patients who finished the study after week 72 (306 ParticipantidID) flagged as 1
5	Enroll_Age	Num	8		Derived Variable: Enroll Year - Birth Year
6	medkitno	Char	6	$6.	Added: Med Kit #
7	PID	Char	7	$7.	Added: Participantid
8	drug	Num	8		Added: Treatment: 1-SAW PALMETTO; 2-PLACEBO
9	enrolldt	Num	8		Added: Enroll Date
10	site	Char	3		Added: Site
11	visitno	Num	8	11.	Added: Visit Week
12	CM01_Age	Num	8	11.	CAM01: 1. Is the participant a male at least 45 years of age?
13	CM01_UrinFlw	Num	8	11.	CAM01: 2a. Was the participant's peak urinary flow rate at least 4 mllsec at both screening visits?
14	CM01_VoidVol	Num	8	11.	CAM01: 2b. Was the participant's voided volume at least 125 ml at both screening visits?
15	CM01_AUAScr	Num	8	11.	CAM01: 3. Was the participant's AUA symptom score greater than or equal to 8 and less than or equal to 24 at both screening visits?
16	CM01_VolCnsnt	Num	8	11.	CAM01: 4. Did the participant voluntarily sign an informed consent agreement prior to the performance of any study procedures?
17	CM01_PrInvBPH	Num	8	11.	CAM01: 5. Has the participant had any prior invasive interventions for BPH?
18	CM01_Phytothrpy	Num	8	11.	CAM01: 6. Has the participant taken phytotherapy for BPH within 3 months prior to screening visit l?
19	CM01_Alphreduct	Num	8	11.	CAM01: 7. Has the participant taken a 5-alpha reductase inhibitor within 3 months prior to screening visit 1 ?
20	CM01_AlphBlck1M	Num	8	11.	CAM01: 8. Has the participant taken an alpha blocker within one month prior to screening visit I?
21	CM01_AlphblkAlrgy	Num	8	11.	CAM01: 9. Has the participant had an allergic reaction to Serenoa repens?
22	CM01_PrvMd4Wk	Num	8	11.	CAM01: 10. Has the participant taken an oral alpha agonist, tricyclic antidepressants, or anticholinergic or cholinergic medication within 4 weeks of the first screening visit, with the following exception: topical anticholinergic eye drops used for glauco
23	CM01_PrvMd6Mo	Num	8	11.	CAM01: 11. Has the participant taken estrogen, androgen, any drug producing androgen suppression, or anabolic steroids within 6 months prior to screening visit l?
24	CM01_RenalImp	Num	8	11.	CAM01: 12. Does the participant have known clinically significant renal impairment (it., creatinine > 2.0 mg/dL)?
25	CM01_ALT	Num	8	12.	CAM01: 13. Does the participant have an ALT(SGPT), AST(SG0T) or GGT value greater than 3 times the upper limit of normal, confirmed on a second measurement?

Num	Variable	Type	Len	Informat	Label
26	CM01_PTT	Num	8	12.	CAM01: 14. Does the participant have a prothrombin time greater than 3 seconds above the upper limit of normal or more than 3 seconds above the control value?
27	CM01_Ischemia	Num	8	12.	CAM01: 15. Does the participant have an electrocardiogram reading that suggests active ischemia?
28	CM01_PSALev	Num	8	11.	CAM01: 16. Is the participant's PSA level greater than 10 ng/ml at screening?
29	CM01_DailyPad	Num	8	11.	CAM01: 17. Does the participant require daily use of a pad or device for incontinence, or have an ICSmaleIS score >14 at baseline?
30	CM01_UnMedCond3M	Num	8	11.	CAM01: 18. Has the participant had an unstable medical condition within the past 3 months?
31	CM01_Carcinoma	Num	8	11.	CAM01: 19. Does the participant have a history of or current evidence of carcinoma of the prostate or bladder, pelvic radiation or surgery, urethral stricture or prior surgery for bladder neck obstruction?
32	CM01_UrTract1M	Num	8	11.	CAM01: 20. Does the participant have active urinary tract disease or has the participant undergone cystoscopy or biopsy of the prostate within 1 month prior to screening visit 1 or does he have an imminent need for urologic surgery?
33	CM01_NeurCond	Num	8	11.	CAM01: 21. Does the participant have known primary neurologic conditions such as multiple sclerosis or Parkinson's disease or other neurological diseases known to affect bladder function?
34	CM01_BacProstPYr	Num	8	11.	CAM01: 22. Has the participant had documented bacterial prostatitis within the past year?
35	CM01_UrTractPYr	Num	8	11.	CAM01: 23. Has the participant had two documented independent urinary tract infections of any type in the past year?
36	CM01_SevBleed	Num	8	11.	CAM01: 24. Does the participant have a known severe bleeding disorder or need for ongoing therapeutic anticoagulation with coumadin or heparin or Plavix?
37	CM01_Cancer	Num	8	11.	CAM01: 25. Does the participant have cancer which is not considered cured (except basal cell or squamous cell carcinoma of the skin)? A potential participant is considered cured if there has been no evidence of cancer within 5 years of study entry. A histo
38	CM01_FolDirctn	Num	8	11.	CAM01: 26. Is the participant unable to follow protocol directions due to organic brain or psychiatric disease?
39	CM01_Alcohol	Num	8	11.	CAM01: 27. Does the participant have a history of alcoholism or any other substance abuse, which, in the opinion of the investigator, would affect compliance with the protocol?
40	CM01_SMedCond	Num	8	11.	CAM01: 28. Does the participant have any serious medical condition likely to impede successful completion of the long-term study?
41	CM01_RandDate	Char	50	$50.	CAM01: 29. Date randomized:
42	CM01_RandMo	Num	8	12.	CAM01: 29. Date randomized:
43	CM01_RandDy	Num	8	12.	CAM01: 29. Date randomized:
44	CM01_RandYr	Num	8	12.	CAM01: 29. Date randomized:
45	CM01_RandNum	Char	6	$6.	CAM01: 30. Med Kit #:
46	BatchNum	Num	8		BatchNum
47	CAM01DONE	Num	8		Added: CAM01 Finished flagged as 1
48	cm01_visdt	Num	8		Added: Visit Date in Form CAM01

Num	Variable	Type	Len	Informat	Label
49	CM21_CnsntMo	Num	8	11.	CAM21: 1. Date consent form signed:
50	CM21_CnsntDy	Num	8	11.	CAM21: 1. Date consent form signed:
51	CM21_CnsntYr	Num	8	11.	CAM21: 1. Date consent form signed:
52	CM21_CnsntDate	Char	10	$10.	CAM21: 1. Date consent form signed:
53	CM21_OthTrial	Num	8	11.	CAM21: 2. Were you enrolled in another treatment trial for any disease in the past 30 days?
54	CM21_ScrnType	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (1) Initial Screen
55	CM21_ScrnMo	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
56	CM21_ScrnDy	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
57	CM21_ScrnYr	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
58	CM21_ScrnDate	Char	10	$10.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen: If rescreen, Date of the first screening:
59	CM21_Attempt	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - Number attempted screenings(including the current one)
60	CM21_aRace	Num	8	11.	CAM21: 5. Race / Ethnicity - (a) Do you consider yourself Hispanic or Latino?
61	CM21_bRace1	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: American Indian or Alaska Native - 1: Yes
62	CM21_bRace2	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Asian - 1: Yes
63	CM21_bRace3	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Native Hawaiian or Other Pacific Islander - 1: Yes
64	CM21_bRace4	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Black or African-American - 1: Yes
65	CM21_bRace5	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: White - 1: Yes
66	CM21_bRace6	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Unknown or Not Reported - 1: Yes
67	CM21_Married	Num	8	11.	CAM21: 6. Are you married or in a long-term committed relationship?
68	CM21_HEdu	Num	8	11.	CAM21: 7. What is the highest educational level that you achieved(check one)?
69	CM21_CnCmtntMed	Num	8	11.	CAM21: 8. Do you take any medication on a regular basis? - If 'Yes', fill out form CAM23(Concomitant Medication form) and CAM24(Urology Medication Tracking form)
70	CM21_CngenitalDz	Num	8	11.	CAM21: 9. Congenital disease. Probe with: Were you born with a birth defect or an unusual condition such as malformation of the limbs, head, skin, or internal organs?
71	CM21_LungDz	Num	8	11.	CAM21: 10. Lung disease. Probe with: Have you ever had chronic obstructive pulmonary disorder (COPD), emphysema, asthma, chronic bronchitis, pneumonia, or water on the lungs?
72	CM21_KidneyDz	Num	8	11.	CAM21: 11. Kidney disease. Probe with: Do you have kidney or bladder, stones, or kidney problems?
73	CM21_ImmuneDz	Num	8	11.	CAM21: 12. Immune disease. Probe with: Do you have rheumatoid arthritis or lupus?
74	CM21_Diabetic	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not?

Num	Variable	Type	Len	Informat	Label
75	CM21_DiabeticLength	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - a. How long have you had diabetes mellitus?
76	CM21_DiabeticType	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - b. Type of diabetes mellitus:
77	CM21_DiabeticOral	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - c. Have you taken any oral agents for diabetes mellitus?
78	CM21_Endocrin	Num	8	11.	CAM21: 14. Endocrine disorder. Probe with: Do you have a pituitary, thyroid, or adrenal gland disorder, or low testosterone?
79	CM21_LiverDz	Num	8	11.	CAM21: 15. Liver disease. Probe with: Do you have hepatitis or cirrhosis?
80	CM21_GastroDz	Num	8	11.	CAM21: 16. Gastrointestinal disease. Probe with: Do you have ulcers, serious heartburn, gastrointestinal bleeding, gallstones or other problems with your gallbladder, hemorrhoids, polyps, Crohn's disease or ulcerative colitis, diverticulitis, or pancreatit
81	CM21_SkinDz	Num	8	11.	CAM21: 17. Skin disease. Probe with: Do you have psoriasis, chronic rash, or eczema?
82	CM21_NervSysDz	Num	8	11.	CAM21: 18. Disease of the nervous system. Probe with: Do you have seizures, multiple sclerosis, Parkinson's, stroke, or muscle disease? (Excluded if known primary neurologic conditions such as multiple sclerosis or Parkinson's disease, or other neurologica
83	CM21_Carcinoma	Num	8	11.	CAM21: 19. Cancer. Probe with: Do you have or have you had any cancer or carcinoma? (Excluded if history or current evidence of carcinoma of the prostate or bladder, or cancer that is not considered cured, except basal cell or squamous cell carcinoma of th
84	CM21_Anemia	Num	8	11.	CAM21: 20. Anemia. Probe with: Do you have anemia?
85	CM21_BloodDz	Num	8	11.	CAM21: 21. Blood disease other than anemia. Probe with : Do you have sickle cell, leukemia, or a bleeding disorder?
86	CM21_UrnTract	Num	8	11.	CAM21: 22. History of urinary tract infections. Probe with : Do you have any of the following urinary conditions: burning, frequency, urgency, hematuria, or bladder spasm?
87	CM21_UrnRetensn	Num	8	11.	CAM21: 23. History of urinary retention. Probe with : Have you ever had an inability to urinate at all?
88	CM21_Hematuria	Num	8	11.	CAM21: 24. Prior history of gross or microscopic hematuria. Probe with : Have you ever had visible or microscopic blood in your urine?
89	CM21_Biopsy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate?
90	CM21_BiopsyMo	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
91	CM21_BiopsyDy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
92	CM21_BiopsyYr	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
93	CM21_BiopsyDate	Char	10	$10.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy? (Excluded if biopsy of the prostate within the past 4 weeks.)
94	CM21_Vasctmy	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy?
95	CM21_VasctmyYr	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy? - If yes, what was the year?

Num	Variable	Type	Len	Informat	Label
96	CM21_HisUrethral	Num	8	11.	CAM21: 27. History or current evidence of urethral stricture. Probe with: Do you currently or have you had a history of urethral stricture? (Excluded if participant has history or current evidence of urethral stricture)
97	CM21_Impotnce	Num	8	11.	CAM21: 28. Impotence. Probe with: Do you have any difficulty with erectile function?
98	CM21_Othgenurn	Num	8	11.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence?
99	CM21_OthgenurnD	Char	200	$200.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence? - If yes, specify
100	CM21_InfectDz	Num	8	11.	CAM21: 30. Infectious disease. Probe with: Do you have any infectious diseases such as HIV, herpes, or tuberculosis?
101	CM21_HisBPH	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes, (2)No
102	CM21_HisBPHD1	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Father
103	CM21_HisBPHD2	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Maternal grandfather
104	CM21_HisBPHD3	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One maternal uncle
105	CM21_HisBPHD4	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more maternal uncles
106	CM21_HisBPHD5	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One brother
107	CM21_HisBPHD6	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Two or more brothers
108	CM21_HisBPHD7	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Paternal grandfather
109	CM21_HisBPHD8	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One paternal uncle
110	CM21_HisBPHD9	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more paternal uncles
111	CM21_HisBPHD10	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Other male relative
112	CM21_HisProCncr	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes, (2)No
113	CM21_HisProCncrD1	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Father
114	CM21_HisProCncrD2	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Maternal grandfather
115	CM21_HisProCncrD3	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One maternal uncle
116	CM21_HisProCncrD4	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more maternal uncles
117	CM21_HisProCncrD5	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One brother
118	CM21_HisProCncrD6	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Two or more brothers

Num	Variable	Type	Len	Informat	Label
119	CM21_HisProCncrD7	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Paternal grandfather
120	CM21_HisProCncrD8	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One paternal uncle
121	CM21_HisProCncrD9	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more paternal uncles
122	CM21_HisProCncrD10	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Other male relative
123	CM21_LengthofBPH	Num	8		CAM21: 33. How long have you had symptoms of BPH? (years)
124	CM21_PastYrSym	Num	8	11.	CAM21: 34. Would you say that over the past year your symptoms have ...
125	CM21_BPHSym5Yr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - (1)Yes, (2)No
126	CM21_BPHSym5YrWR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
127	CM21_BPHSym5YrWD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
128	CM21_BPHSym5YrTR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
129	CM21_BPHSym5YrTD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
130	CM21_BPHSym5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
131	CM21_BPHSym5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
132	CM21_AlphablkMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
133	CM21_AlphablkDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
134	CM21_AlphablkYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
135	CM21_AlphablkDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
136	CM21_FinastrdMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
137	CM21_FinastrdDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)

Num	Variable	Type	Len	Informat	Label
138	CM21_FinastrdYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
139	CM21_FinastrdDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
140	CM21_BPHPhyto5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Recommended? 1-Yes
141	CM21_BPHPhyto5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Done? 1-Yes
142	CM21_PhytothrpyMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
143	CM21_PhytothrpyDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
144	CM21_PhytothrpyYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
145	CM21_PhytothrpyDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
146	EnteredDate	Char	10	$10.	CAM21:
147	CertNum	Char	4	$4.	CAM21:
148	QueryStr	Char	250	$250.	CAM21:
149	CM21_Cardiac	Num	8	6.	CAM21:
150	CM21_BPHSym5YrW	Num	8	6.	CAM21:
151	CM21_BPHSym5YrT	Num	8	6.	CAM21:
152	CM21_BPHSym5YrP	Num	8	6.	CAM21:
153	CM21_BPHPhyto5YrP	Num	8	6.	CAM21:
154	CM21_BPHSym5YrAB	Num	8	6.	CAM21:
155	CM21_BPHSym5YrAR	Num	8	6.	CAM21:
156	CAM21DONE	Num	8		Added: CAM21 Finished flagged as 1
157	cm21_visdt	Num	8		Added: Visit Date in Form CAM21
158	cm21_visit_type	Num	8		Added: Visit Type in Form CAM21
159	cm21_staff_ID	Num	8		Added: Staff ID in Form CAM21
160	CM22_NewConMed	Num	8	11.	CAM22: 1. Have there been changes in or new concomitant medications since the last visit? - If yes, update concomitant medication form (CAM23).
161	CM22_NewUrolMed	Num	8	11.	CAM22: 2. Have there been changes in or new urology medications since the last visit? - If yes, update urology medication tracking form (CAM24).
162	CM22_NewAdvEvnt	Num	8	11.	CAM22: 3. Has the participant experienced any new adverse events since the last visit? - If yes, update adverse events form (CAM81).
163	CM22_ReslvAdvEvnt	Num	8	11.	CAM22: 4. Have previously reported adverse events resolved or worsened since the last visit - If yes, update adverse events form (CAM81).

Num	Variable	Type	Len	Informat	Label
164	CM22_SupraCath	Num	8	11.	CAM22: 5. Does participant currently have a suprapubic catheter, use CIC/ISC, or had a catheter removed since the last visit?
165	CM22_BPHProg	Num	8	11.	CAM22: 6. Has the participant reached a protocol defined BPH outcome? - If yes, update BPH outcome events form (CAM61).
166	CAM22DONE	Num	8		Added: CAM22 Finished flagged as 1
167	cm22_visdt	Num	8		Added: Visit Date in Form CAM22
168	cm22_visit_type	Num	8		Added: Visit Type in Form CAM22
169	CM31_Height	Num	8	11.	CAM31: 1. Height: inches (SVl visit only)
170	CM31_Weight	Num	8	11.	CAM31: 2. Weight: pounds(In-Clinic Only - SVI, 24,48, 72 visit only)
171	CM31_BPSys	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Systolic mmHg <07/06/2007 version>
172	CM31_BPDia	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Diastolic mmHg <07/06/2007 version>
173	CM31_HrtRate	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (b) Heart rate - bpm <07/06/2007 version>
174	CM31_BPSys1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Systolic mmHg
175	CM31_BPDia1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
176	CM31_HrtRate1	Num	8	11.	CAM31: 4. Seated measurements: (b) Heart rate reading - bpm
177	CM31_BPSys2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Systolic mmHg
178	CM31_BPDia2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
179	CM31_HrtRate2	Num	8	11.	CAM31: 5. Seated measurements: (b) Heart rate reading - bpm
180	CAM31DONE	Num	8		Added: CAM31 Finished flagged as 1
181	cm31_VNO	Num	8		Added: Visit week in Form CAM31
182	cm31_Visdt	Num	8		Added: Visit Date in Form CAM31
183	cm31_staff_ID	Num	8		Added: Staff ID in Form CAM31
184	cm31_BPSys_flag	Num	8		Derived Variable: CM31_BPSys_flag EQ 1 indicates CM31_BPSys1 is missing, which was filled in with value of CM31_BPSys
185	cm31_BPDia_flag	Num	8		Derived Variable: CM31_BPDia_flag EQ 1 indicates CM31_BPDia1 is missing, which was filled in with value of CM31_BPDia
186	cm31_BPHrt_flag	Num	8		Derived Variable: CM31_BPHrt_flag EQ 1 indicates CM31_BPHrt1 is missing, which was filled in with value of CM31_BPHrt
187	CM32_PhysExam	Num	8	11.	CAM32: 1. Was a physical examination done at this visit? - If 'No', stop here./If 'Yes', record below.
188	CM32_HENT	Num	8	11.	CAM32: 2. Head, ears, nose, throat
189	CM32_HENTAb	Char	200	$200.	CAM32: 2. Head, ears, nose, throat - If abnormal, specify
190	CM32_Eyes	Num	8	11.	CAM32: 3. Eyes
191	CM32_EyesAb	Char	200	$200.	CAM32: 3. Eyes - If abnormal, specify
192	CM32_Neck	Num	8	11.	CAM32: 4. Neck (include bruits)
193	CM32_NeckAb	Char	200	$200.	CAM32: 4. Neck (include bruits) - If abnormal, specify

Num	Variable	Type	Len	Informat	Label
194	CM32_Heart	Num	8	11.	CAM32: 5. Heart
195	CM32_HeartAb	Char	200	$200.	CAM32: 5. Heart - If abnormal, specify
196	CM32_LungResp	Num	8	11.	CAM32: 6. Lungs and respiration
197	CM32_LungRespAb	Char	200	$200.	CAM32: 6. Lungs and respiration - If abnormal, specify
198	CM32_Abdomen	Num	8	11.	CAM32: 7. Abdomen (include bruits)
199	CM32_AbdomenAb	Char	200	$200.	CAM32: 7. Abdomen (include bruits) - If abnormal, specify
200	CM32_Liver	Num	8	11.	CAM32: 8. Liver
201	CM32_LiverAb	Char	200	$200.	CAM32: 8. Liver - If abnormal, specify
202	CM32_Msculskltl	Num	8	11.	CAM32: 9. Musculoskeletal
203	CM32_MsculskltlAb	Char	200	$200.	CAM32: 9. Musculoskeletal - If abnormal, specify
204	CM32_Skin	Num	8	11.	CAM32: 10. Skin
205	CM32_SkinAb	Char	200	$200.	CAM32: 10. Skin - If abnormal, specify
206	CM32_Neurolgcl	Num	8	11.	CAM32: 11 .Neurological
207	CM32_NeurolgclAb	Char	200	$200.	CAM32: 11 .Neurological - If abnormal, specify
208	CM32_Urogenital	Num	8	11.	CAM32: 12.Urogenita
209	CM32_UrogenitalAb	Char	200	$200.	CAM32: 12.Urogenita - If abnormal, specify
210	CM32_ProstSize	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (a) Prostate size: gm
211	CM32_Noduls	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (b) Nodules or indurations:
212	CM32_Asymtry	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (c) Asymmetry:
213	CM32_Cncr	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (d) Suspicious for cancer:
214	CM32_Tender	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (e) Tenderness:
215	CAM32DONE	Num	8		Added: CAM32 Finished flagged as 1
216	cm32_Visdt	Num	8		Added: Visit Date in Form CAM32
217	cm32_staffID	Num	8		Added: Staff ID in Form CAM32
218	cm32_VNO	Num	8		Added: Visit week in Form CAM32
219	CM41_PSADone	Num	8	11.	CAM41: 1. Was a serum PSA sample collected at this visit? - If 'Yes', record date of collection. If 'No', STOP.
220	CM41_PSAShipped	Num	8	11.	CAM41: 2. *Was a serum PSA sample shipped to central lab? - *Does not apply to site# 277
221	CM41_PSAResult	Num	8		CAM41: 4. PSA results from Central Lab: ng/ml - For screening visit 1 , excluded if serum prostate specific antigen level > 10 ng/ml.
222	CAM41DONE	Num	8		Added: CAM41 Finished flagged as 1
223	CM41_PSADt	Num	8		Derived from CAM41 Q1
224	CM41_PSAShipDt	Num	8		Derived from CAM41 Q3
225	cm41_Visdt	Num	8		Added: Visit Date in Form CAM41
226	cm41_StaffID	Num	8		Added: Staff ID in Form CAM41

Num	Variable	Type	Len	Informat	Label
227	cm41_VNO	Num	8		Added: Visit week in Form CAM41
228	CM42_UroFlow	Num	8	12.	CAM42: 1. Were uroflow measurements done at this visit? - If 'No', stop here. If 'Yes', record below.
229	CM42_VoidTime	Num	8	11.	CAM42: 2. Voiding time: sec
230	CM42_FlowTime	Num	8	11.	CAM42: 3. Flow time: sec
231	CM42_TimeMaxFlow	Num	8	11.	CAM42: 4. Time to maximum flow: sec
232	CM42_PeakFlowRt	Num	8		CAM42: 5. Peak flow rate: ml/sec - For screening visits 1 and 2: Excluded if peak flow rate is less than 4 ml/sec.
233	CM42_MeanFlowRt	Num	8		CAM42: 6. Mean flow rate: ml/sec
234	CM42_VoidVol	Num	8	11.	CAM42: 7. Voided volume: ml - For Screening visits: Excluded if voided volume < 125 ml.
235	CM42_PostVoidRes	Num	8	11.	CAM42: 8. Post-void residual: ml
236	CAM42DONE	Num	8		Added: CAM42 Finished flagged as 1
237	cm42_vno	Num	8		Added: Visit week in Form CAM42
238	cm42_visdt	Num	8		Added: Visit Date in Form CAM42
239	cm42_staff_ID	Num	8		Added: Staff ID in Form CAM42
240	CM45_WBC	Num	8	11.	CAM45: 1. Complete blood count: (a) Leukocyte count (WBC):
241	CM45_RBC	Num	8	11.	CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC):
242	CM45_Hgb	Num	8	11.	CAM45: 1. Complete blood count: (c) Hemoglobin:
243	CM45_Hct	Num	8	11.	CAM45: 1. Complete blood count: (d) Hematocrit:
244	CM45_PltCnt	Num	8	11.	CAM45: 1. Complete blood count: (e) Platelet count:
245	CM45_Ptt	Num	8		CAM45: 2. Prothrombin time: Seconds
246	CM45_PttULN	Num	8		CAM45: 2. Prothrombin time: Upper limit of normal or control value (Seconds)
247	CM45_Sodium	Num	8	11.	CAM45: 3. Serum chemistries: (a) Sodium:
248	CM45_Potasm	Num	8	11.	CAM45: 3. Serum chemistries: (b) Potassium:
249	CM45_Chloride	Num	8	11.	CAM45: 3. Serum chemistries: (c) Chloride:
250	CM45_Bicarb	Num	8	11.	CAM45: 3. Serum chemistries: (d) Bicarbonate:
251	CM45_Glucose	Num	8	11.	CAM45: 3. Serum chemistries: (e) Glucose:
252	CM45_Creat	Num	8	11.	CAM45: 3. Serum chemistries: (f) Creatinine:
253	CM45_SgptVal	Num	8	11.	CAM45: 3. Serum chemistries: (g) ALT (SGPT): IU/L
254	CM45_SgotValue	Num	8	11.	CAM45: 3. Serum chemistries: (h) AST (SGOT): IU/L
255	CM45_GgtVal	Num	8	11.	CAM45: 3. Serum chemistries: (i) GGT: IU/L
256	CM45_WBCVal	Num	8		CAM45: 1. Complete blood count: (a) Leukocyte count (WBC): thou/cmm
257	CM45_RBCVal	Num	8		CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC): mill/cmm
258	CM45_HgbVal	Num	8		CAM45: 1. Complete blood count: (c) Hemoglobin: g/dl
259	CM45_HctVal	Num	8		CAM45: 1. Complete blood count: (d) Hematocrit: %
260	CM45_PltCntVal	Num	8		CAM45: 1. Complete blood count: (e) Platelet count: thou/cmm
261	CM45_INR	Num	8		CAM45: 2. Prothrombin time: INR:
262	CM45_SodiumVal	Num	8		CAM45: 3. Serum chemistries: (a) Sodium: meq/l

Num	Variable	Type	Len	Informat	Label
263	CM45_PotasmVal	Num	8		CAM45: 3. Serum chemistries: (b) Potassium: meq/l
264	CM45_ChlorideVal	Num	8		CAM45: 3. Serum chemistries: (c) Chloride: meq/l
265	CM45_BicarbVal	Num	8		CAM45: 3. Serum chemistries: (d) Bicarbonate: meq/l
266	CM45_GlucoseVal	Num	8		CAM45: 3. Serum chemistries: (e) Glucose: meq/l
267	CM45_CreatVal	Num	8		CAM45: 3. Serum chemistries: (f) Creatinine: meq/l
268	CM45_Sgpt	Num	8	6.	CAM45: 3. Serum chemistries: (g) ALT (SGPT):
269	CM45_Sgot	Num	8	6.	CAM45: 3. Serum chemistries: (h) AST (SGOT):
270	CM45_Ggt	Num	8	6.	CAM45: 3. Serum chemistries: (i) GGT:
271	CAM45DONE	Num	8		Added: CAM45 Finished flagged as 1
272	cm45_visdt	Num	8		Added: Visit Date in Form CAM45
273	cm45_VNO	Num	8		Added: Visit week in Form CAM42
274	cm45_staff_id	Num	8		Added: Visit Type in Form CAM45
275	CM46_PH	Num	8		CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (a) pH:
276	CM46_UGlucose	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (b) Glucose
277	CM46_UBlood	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (c) Blood
278	CM46_UKetone	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (d) Ketones
279	CM46_UProtein	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (e) Protein
280	CM46_ULeuko	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (f) Leukocyte esterase
281	CM46_UWBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (a) WBC
282	CM46_URBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (b) RBC
283	CM46_UEpiCell	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (c) Epithelial cells
284	CM46_UMucous	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (d) Mucous
285	CM46_UBacteria	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (e) Bacteria
286	CM46_UCstHyaln	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (f) Casts hyaline
287	CM46_UCstOthr	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (g) Casts other
288	cm46_visdt	Num	8		Added: Visit Date in Form CAM46

Num	Variable	Type	Len	Informat	Label
289	cm46_VNO	Num	8		Added: Visit week in Form CAM46
290	CAM46Done	Num	8		Added: CAM46 Finished flagged as 1
291	CM47_SerumDone	Num	8	11.	CAM47: Was a serum sample collected at this visit?
292	CM47_SerumDate	Char	10	$10.	CAM47: (1) Yes - If 'Yes', Date of collection:
293	CM47_SerumMo	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: mm
294	CM47_SerumDy	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: dd
295	CM47_SerumYr	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: yyyy
296	CM47_SerumNotDone	Num	8	11.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one).
297	CM47_Specify	Char	200	$200.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one). - (3)0ther, specify:
298	CM47_SerumShipped	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository?
299	CM47_SerumShipDate	Char	10	$10.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment:
300	CM47_SerumShipMo	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: mm
301	CM47_SerumShipDy	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: dd
302	CM47_SerumShipYr	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: yyyy
303	cm47_visdt	Num	8		Added: Visit Date in Form CAM47
304	cm47_VNO	Num	8		Added: Visit week in Form CAM47
305	CAM47Done	Num	8		Added: CAM47 Finished flagged as 1
306	CM48_EcgDone	Num	8	6.	CAM48: 1. Was electrocardiogram done at this visit? - If 'No', stop. If 'Yes', record below.
307	CM48_Ecg	Num	8	6.	CAM48: 7 Electrocardiogram:
308	CM48_Ischemia	Num	8	6.	CAM48: 3. Is there evidence of recent MI or Acute Ischemia - If any values are abnormal and clinically significant, complete adverse events form (CAM81).
309	CAM48DONE	Num	8		Added: CAM48 Finished flagged as 1
310	cm48_visdt	Num	8		Added: Visit Date in Form CAM48
311	CM51_TabRetYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules returned at this visit? - If 'Yes', record the number of capsules dispensed below.
312	CM51_TabDispYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules dispensed at this visit? - If 'Yes', record the number of capsules dispensed below.
313	CM51_RetDispMo	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
314	CM51_RetDispDy	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
315	CM51_RetDispYr	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
316	CM51_TabRetA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules returned
317	CM51_TabDispA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules dispensed
318	CM51_InterruptMed	Num	8	11.	CAM51: II. Was study medication temporarily intenupted since last visit?
319	CM51_DaysInterrupt	Num	8	11.	CAM51: II. If yes, for how many days:

Num	Variable	Type	Len	Informat	Label
320	CM51_TabTkn1A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules taken by participant (Old Version only)
321	CM51_TabTkn2A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules participant should have taken (Old Version only)
322	CM51_ComplianceA	Num	8		CAM51: III Participant Compliance Calculation: %Compliance (Old Version only)
323	CM51_DrugTime	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications. - Time
324	CM51_DrugAmPm	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications - AMPM.
325	CM51_RandNum	Char	6	$6.	CAM51: Med Kit #
326	CAM51Done	Num	8		Added: CAM51 Finished flagged as 1
327	cm51_TabRetA_co	Num	8		Derived variable: Updated TabRetA Values after combining intern weeks information.
328	cm51_TabDispA_co	Num	8		Derived variable: Updated TabDispA Values after combining intern weeks information.
329	cm51_visdt	Num	8		Added: Visit Date in Form CAM51
330	cm52_visdt	Num	8		Added: Visit Date in Form CAM52
331	CM52_LstDosedt	Num	8		Derived Variable: 1. Date of last dose of study medication:
332	CM52_LstDoseMo	Num	8	6.	CAM52: 1. Date of last dose of study medication:
333	CM52_LstDoseDy	Num	8	6.	CAM52: 1. Date of last dose of study medication:
334	CM52_LstDoseYr	Num	8	6.	CAM52: 1. Date of last dose of study medication:
335	CM52_TrtDiscont	Num	8	6.	CAM52: 2. Reason for treatment discontinuation (check one):
336	CM52_OtherSpecify	Char	200	$200.	CAM52: 2. Reason for treatment discontinuation (check one): Other, specify:
337	CM52_ContFup	Num	8	6.	CAM52: 3. Will the participant continue follow-up visits?
338	CAM52DONE	Num	8		Added: CAM52 Finished flagged as 1
339	cm52_EnteredDate	Char	10		CAM52: Entered Date
340	cm52_CertNum	Char	4		CAM52: CertNum
341	cm52_Reason_discontinue	Char	1000		Derived Variable: 2. Reason for treatment discontinuation (check one):
342	CM61_BPHProgAssmnt	Num	8	11.	CAM61: 1. BPH Outcomes: a. Specify the classification of the outcome for the participant below, check only one.
343	CM61_AcuteUrinReten	Num	8	11.	CAM61: 1. Acute urinary retention
344	CM61_EventMoA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: mm
345	CM61_EventDyA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: dd
346	CM61_EventYrA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: yyyy
347	CM61_RecurSymptUTI	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis

Num	Variable	Type	Len	Informat	Label
348	CM61_EventMoB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: mm
349	CM61_EventDyB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: dd
350	CM61_EventYrB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: yyyy
351	CM61_NewIncontnce	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence
352	CM61_EventMoC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: mm
353	CM61_EventDyC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: dd
354	CM61_EventYrC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: yyyy
355	CM61_TURP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TURP
356	CM61_TUIP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUIP
357	CM61_RadProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Radical prostatectomy
358	CM61_OpenProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Open prostatectomy
359	CM61_TUNA	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUNA
360	CM61_MicrowavThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Microwave therapy
361	CM61_LaserThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Laser therapy
362	CM61_Stent	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Stent
363	CM61_OthInvThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other invasive therapy
364	CM61_InvThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:

Num	Variable	Type	Len	Informat	Label
365	CM61_InvThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:
366	CM61_OthPhytoThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other phytotherapy
367	CM61_PhytoThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
368	CM61_PhytoThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
369	CM61_OthMedThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other medical therapy
370	CM61_MedThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:
371	CM61_MedThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:
372	CM61_SwitchThrpy	Num	8	11.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one):
373	CM61_SideEffct	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 3. Intolerable side effects - Specify:
374	CM61_Other	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 4. Other - Specify:
375	CAM61DONE	Num	8		Added: CAM61 Finished flagged as 1
376	cm61_visdt	Num	8		Added: Visit Date in Form CAM61
377	cm61_staff_id	Num	8		Added: Staff ID in Form CAM61
378	NUM	Num	8		
379	CHAR	Char	362		
380	CM62_LstStdyVisMo	Num	8	11.	CAM62: 1. Date of last study visit:
381	CM62_LstStdyVisDy	Num	8	11.	CAM62: 1. Date of last study visit:
382	CM62_LstStdyVisYr	Num	8	11.	CAM62: 1. Date of last study visit:
383	CM62_ReasnTermVis	Num	8	11.	CAM62: 2. Main reason for termination of follow-up visit (circle one):
384	CM62_Explain1	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
385	CM62_Explain2	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
386	CM62_Explain3	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
387	CM62_Explain4	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:

Num	Variable	Type	Len	Informat	Label
388	CM62_Explain5	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
389	discntdt	Num	8		
390	CAM62DONE	Num	8		Added: CAM62 Finished flagged as 1
391	cm62_visdt	Num	8		Added: Visit Date in Form CAM62
392	cm62_staff_id	Num	8		Added: Staff ID in Form CAM62
393	CM71_Quest1	Num	8	11.	CAM71: 1. Have trouble falling asleep?
394	CM71_Quest2	Num	8	11.	CAM71: 2. Wake up several times per night?
395	CM71_Quest3	Num	8	11.	CAM71: 3. Have trouble staying asleep(including waking far too early)?
396	CM71_Quest4	Num	8	11.	CAM71: 4. Wake up after your usual amount of sleep feeling tired and worn out?
397	CAM71DONE	Num	8		CAM71: Added: CAM71 Finished flagged as 1
398	Jscale	Num	8		Derived Variable: Sum of CM71_Quest1 - CM71_Quest4
399	cm71_VNO	Num	8		Added: Visit week in Form CAM71
400	cm71_visdt	Num	8		Added: Visit Date in Form CAM71
401	CM72_Quest1	Num	8	11.	CAM72: 1. How often were you able to get an erection during sexual activity?
402	CM72_Quest2	Num	8	11.	CAM72: 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
403	CM72_Quest3	Num	8	11.	CAM72: 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?
404	CM72_Quest4	Num	8	11.	CAM72: 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
405	CM72_Quest5	Num	8	11.	CAM72: 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
406	CM72_Quest6	Num	8	11.	CAM72: 6. How do you rate your confidence that you could get and keep an erection?
407	CM72_Quest7	Num	8	11.	CAM72: 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
408	CM72_Quest8	Num	8	11.	CAM72: 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
409	CM72_Quest9	Num	8	11.	CAM72: 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
410	CAM72DONE	Num	8		Added: CAM72 Finished flagged as 1
411	cm72_VNO	Num	8		Added: Visit week in Form CAM72
412	cm72_visdt	Num	8		Added: Visit Date in Form CAM72
413	cm72_QuestN1	Num	8		Derived Variable: Recode cm72_Quest1 by subtracting 1 from the raw score. - 1. How often were you able to get an erection during sexual activity?
414	cm72_QuestN2	Num	8		Derived Variable: Recode cm72_Quest2 by subtracting 1 from the raw score. - 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
415	cm72_QuestN3	Num	8		Derived Variable: Recode cm72_Quest3 by subtracting 1 from the raw score. - 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?

Num	Variable	Type	Len	Informat	Label
416	cm72_QuestN4	Num	8		Derived Variable: Recode cm72_Quest4 by subtracting 1 from the raw score. - 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
417	cm72_QuestN5	Num	8		Derived Variable: Recode cm72_Quest5 by subtracting 1 from the raw score. - 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
418	cm72_QuestN6	Num	8		Derived Variable: Same as cm72_Quest6. - 6. How do you rate your confidence that you could get and keep an erection?
419	cm72_QuestN7	Num	8		Derived Variable: Recode cm72_Quest7 by subtracting 1 from the raw score. - 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
420	cm72_QuestN8	Num	8		Derived Variable: Recode cm72_Quest8 by subtracting 1 from the raw score. - 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
421	cm72_QuestN9	Num	8		Derived Variable: Same as cm72_Quest9. - 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
422	EF	Num	8		Derived Variable: Sum of cm72_QuestN1 -cm72_QuestN6.
423	OF	Num	8		Derived Variable: Sum of cm72_QuestN7 -cm72_QuestN8.
424	CM73_Quest1	Num	8	11.	CAM73: 1. In the past month, how often have you been able to ejaculate when having sexual activity?
425	CM73_Quest2	Num	8	11.	CAM73: 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
426	CM73_Quest3	Num	8	11.	CAM73: 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...
427	CM73_Quest4	Num	8	11.	CAM73: 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
428	CAM73DONE	Num	8		Added: CAM73 Finished flagged as 1
429	cm73_VNO	Num	8		Added: Visit week in Form CAM73
430	cm73_visdt	Num	8		Added: Visit week in Form CAM73
431	cm73_questN1	Num	8		Derived Variable: Recode cm73_Quest1 from 1 - 6 to 5 - 0 as cm73_QuestN1. - 1. In the past month, how often have you been able to ejaculate when having sexual activity?
432	cm73_questN2	Num	8		Derived Variable: Recode cm73_Quest2 from 1 - 6 to 5 - 0 as cm73_QuestN2. - 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
433	cm73_questN3	Num	8		Derived Variable: Recode cm73_Quest3 from 1 - 6 to 5 - 0 as cm73_QuestN3. - 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...
434	cm73_questN4	Num	8		Derived Variable: Same as cm73_Quest4. - 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
435	EJscale	Num	8		Derived Variable: Sum of cm73_QuestN1 - cm73_QuestN4.
436	CM74_Quest1	Num	8	11.	CAM74: 1. Did you have to rush to the toilet to urinate?
437	CM74_Quest2	Num	8	11.	CAM74: 2. Did urine leak before you could get to the toilet?
438	CM74_Quest3	Num	8	11.	CAM74: 3. Did urine leak when you coughed or sneezed?

Num	Variable	Type	Len	Informat	Label
439	CM74_Quest4	Num	8	11.	CAM74: 4. Did you leak for no obvious reason and without feeling that you wanted to go?
440	CM74_Quest5	Num	8	11.	CAM74: 5. Did you leak urine when you were asleep?
441	CM74_Quest6	Num	8	11.	CAM74: 6. Did you have a slight wetting of your pants a few minutes after you had finished urinating?
442	CM74_ICSmaleIS	Num	8	11.	CAM74: To be completed by the study coordinator: ICSmaleIS Score
443	CM74_Quest8	Num	8	6.	CAM74: 7. If you had to spend the rest of your life with your urinary or bladder function just the way it is now, how would you feel about that?
444	CAM74DONE	Num	8		Added: CAM74 Finished flagged as 1
445	cm74_VNO	Num	8		Added: Visit week in Form CAM74
446	cm74_visdt	Num	8		Added: Visit week in Form CAM74
447	ICS	Num	8		Derived Variable: Sum of CM74_Quest1 - CM74_Quest6
448	CM75_Quest1	Num	8	11.	CAM75: 1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
449	CM75_Quest2	Num	8	11.	CAM75: 2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?
450	CM75_Quest3	Num	8	11.	CAM75: 3. Over the past month, how often have you found you stopped and started again several times when you urinated?
451	CM75_Quest4	Num	8	11.	CAM75: 4. Over the past month, how often have you found it difficult to postpone urination?
452	CM75_Quest5	Num	8	11.	CAM75: 5. Over the past month, how often have you had a weak urinary stream?
453	CM75_Quest6	Num	8	11.	CAM75: 6. Over the past month, how often have you had to push or strain to begin urination?
454	CM75_Quest7	Num	8	11.	CAM75: 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
455	CM75_AUASS	Num	8	11.	CAM75: To be completed by the study coordinator: AUASS
456	CM75_Quest8	Num	8	11.	CAM75: 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
457	CM75_Quest9	Num	8	11.	CAM75: 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?
458	CAM75DONE	Num	8		Added: CAM75 Finished flagged as 1
459	cm75_VNO	Num	8		Added: Visit week in Form CAM75
460	cm75_visdt	Num	8		Added: Visit week in Form CAM75
461	cm75_StaffID	Num	8		Added: Staff ID in Form CAM75
462	AUASS	Num	8		Derived Variable: Sum of CM75_Quest1 - CM75_Quest7
463	Noc	Num	8		Derived Variable: EQ to cm75_Quest7 - 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
464	QOL	Num	8		Derived Variable: EQ to cm75_Quest8 - 1 - 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

Num	Variable	Type	Len	Informat	Label
465	UI	Num	8		Derived Variable: EQ to cm75_Quest9 - 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?
466	IPSS_obstructive	Num	8		Derived Variable: Sum of (CM75_Quest1, CM75_Quest3, CM75_Quest5, CM75_Quest6)
467	IPSS_irritative	Num	8		Derived Variable: Sum of (CM75_Quest2, CM75_Quest4, CM75_Quest7)
468	CM76_Quest1	Num	8	11.	CAM76: 1. Over the past month, how much physical discomfort did any urinary problems cause you?
469	CM76_Quest2	Num	8	11.	CAM76: 2. Over the past month, how much did you wony about your health because of any urinary problems?
470	CM76_Quest3	Num	8	11.	CAM76: 3. Overall, how bothersome has any trouble with urination been during the past month?
471	CM76_Quest4	Num	8	11.	CAM76: 4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?
472	CM76_BPHImpScre	Num	8	11.	CAM76: 5. To be completed by the study coordinator: BPH Impact Index Score = (Total of items 1-4.)
473	CM76_Quest6	Num	8	6.	CAM76: 6. Compared to the beginning of the study, how do you feel about your urination now?
474	CAM76DONE	Num	8		Added: CAM76 Finished flagged as 1
475	cm76_VNO	Num	8		Added: Visit week in Form CAM76
476	cm76_visdt	Num	8		Added: Visit week in Form CAM76
477	cm76_StaffID	Num	8		Added: Staff ID in Form CAM76
478	BPH	Num	8		Derived Variable: Sum of CM76_Quest1 - CM76_Quest4
479	CM77_Quest1	Num	8	11.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now?
480	CM77_Quest2	Num	8	11.	CAM77: 2. How satisfied or dissatisfied are you with any urinary symptoms you have now?
481	CM77_Quest3	Num	8	11.	CAM77: 3. Compared to the beginning of the study, how are your urinary incontinence symptoms now?
482	CM77_Quest4	Num	8	11.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now?
483	CM77_Quest1u	Num	8	6.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now? <12/04/2008>
484	CM77_Quest2u	Num	8	6.	CAM77: 2. Compared to the beginning of the study, how are your urinary incontinence symptoms now? <12/04/2008>
485	CM77_Quest3u	Num	8	6.	CAM77: 3. How satisfied or dissatisfied are you with any urinary symptoms you have now? <12/04/2008>
486	CM77_Quest4u	Num	8	6.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now? <12/04/2008>
487	CAM77DONE	Num	8		Added: CAM77 Finished flagged as 1
488	cm77_Visdt	Num	8		Added: Visit week in Form CAM77
489	cm77_questN1	Num	8		Derived Variable: Recode cm77_Quest1 from 1 - 7 to 100 - 0 as cm77_QuestN1
490	cm77_questN3	Num	8		Derived Variable: Recode cm77_Quest3 from 1 - 7 to 100 - 0 as cm77_QuestN3

Num	Variable	Type	Len	Informat	Label
491	cm77_questN2	Num	8		Derived Variable: Recode cm77_Quest2 from 1 - 5 to 100 - 0 as cm77_QuestN2
492	cm77_questN4	Num	8		Derived Variable: Recode cm77_Quest4 from 1 - 5 to 100 - 0 as cm77_QuestN4
493	CM78_Quest1A	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (a) Area between rectum and testicles (perineum)?
494	CM78_Quest1B	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (b) Testicles?
495	CM78_Quest1C	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (c) Tip of the penis (not related to urination)?
496	CM78_Quest1D	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (d) Below your waist in your pubic or bladder area?
497	CM78_Quest2A	Num	8	11.	CAM78: 2. In the past week, have you experienced: (a) Pain or burning during urination?
498	CM78_Quest2B	Num	8	11.	CAM78: 2. In the past week, have you experienced: (b) Pain or discomfort during or after sexual climax (ejaculation)?
499	CM78_Quest3	Num	8	11.	CAM78: 3. How often have you had pain or discomfort in any of these areas over the last week?
500	CM78_Quest4	Num	8	11.	CAM78: 4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?
501	CM78_Quest5	Num	8	11.	CAM78: 5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
502	CM78_Quest6	Num	8	11.	CAM78: 6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?
503	CM78_Quest7	Num	8	11.	CAM78: 7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
504	CM78_Quest8	Num	8	11.	CAM78: 8. How much did you think about your symptoms, over the last week?
505	CM78_Quest9	Num	8	11.	CAM78: 9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
506	CAM78DONE	Num	8		Added: CAM78 Finished flagged as 1
507	Pain	Num	8		Derived Variable: Sum of cm78_Quest1A - cm78_Quest4.
508	Urin	Num	8		Derived Variable: Sum of cm78_Quest5 - cm78_Quest6.
509	QOLI	Num	8		Derived Variable: Sum of cm78_Quest7 - cm78_Quest9.
510	cm78_VNO	Num	8		Added: Visit week in Form CAM78
511	cm78_Visdt	Num	8		Added: Visit week in Form CAM78
512	CM79_Quest1	Num	8	11.	CAM79: 1. What is your best guess about what treatment you are getting as part of the CAMUS study?
513	CAM79DONE	Num	8		Added: Visit week in Form CAM79
514	cm79_visdt	Num	8		Added: Visit week in Form CAM79
515	CM91_DthStatus	Num	8	11.	CAM91: 1. Status at time of death
516	CM91_DeathMo	Num	8	11.	CAM91: 2. Date of death : mm
517	CM91_DeathDy	Num	8	11.	CAM91: 2. Date of death : dd
518	CM91_DeathYr	Num	8	11.	CAM91: 2. Date of death : yyyy

Num	Variable	Type	Len	Informat	Label
519	CM91_LstProtTrtMo	Num	8	11.	CAM91: 3. Date of last protocol treatment : mm
520	CM91_LstProtTrtDy	Num	8	11.	CAM91: 3. Date of last protocol treatment : dd
521	CM91_LstProtTrtYr	Num	8	11.	CAM91: 3. Date of last protocol treatment : yyyy
522	CM91_PrimCause1	Char	50	$50.	CAM91: 4. Primary cause of death:
523	CM91_PrimCause2	Char	50	$50.	CAM91: 4. Primary cause of death:
524	CM91_ContrCause1	Char	50	$50.	CAM91: 5. Contributing cause of death:
525	CM91_ContrCause2	Char	50	$50.	CAM91: 5. Contributing cause of death:
526	CAm91DONE	Num	8		Added: CAM91 Finished flagged as 1
527	cm91_visdt	Num	8		Added: Visit week in Form CAM91
528	cm91_staff_id	Num	8		Added: Staff ID in Form CAM91
529	CM92_MissVisMo	Num	8	11.	CAM92: 1. Date of missed visit: mm
530	CM92_MissVisDy	Num	8	11.	CAM92: 1. Date of missed visit: dd
531	CM92_MissVisYr	Num	8	11.	CAM92: 1. Date of missed visit: yyyy
532	CM92_MissVisType	Num	8	11.	CAM92: 2. Type of missed visit:
533	CM92_MissReasnA	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): a. Participant forgot
534	CM92_MissReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in
535	CM92_ReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in (1) or (2)
536	CM92_SpecifyB1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
537	CM92_SpecifyB2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
538	CM92_MissReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized
539	CM92_ReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized (1) or (2)
540	CM92_SpecifyC1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
541	CM92_SpecifyC2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
542	CM92_MissReasnD	Num	8	11.	CAM92: d. Participant could not get off work
543	CM92_MissReasnE	Num	8	11.	CAM92: e. Participant unable to obtain dependent care
544	CM92_MissReasnF	Num	8	11.	CAM92: f. Participant had transportation problems
545	CM92_MissReasnG	Num	8	11.	CAM92: g. Participant unhappy with frequency of visits
546	CM92_MissReasnH	Num	8	11.	CAM92: h. Scheduling conflict
547	CM92_MissReasnI	Num	8	11.	CAM92: i. Participant had decided to discontinue study
548	CM92_MissReasnJ	Num	8	11.	CAM92: j. Other
549	CM92_SpecifyJ	Char	50	$50.	CAM92: j. Other - Specify:
550	CM92_Resolutn4A	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit.
551	CM92_SchedVisMo	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: mm

Num	Variable	Type	Len	Informat	Label
552	CM92_SchedVisDy	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: dd
553	CM92_SchedVisYr	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: yyyy
554	CM92_Resolutn4B	Num	8	11.	CAM92: 4. Resolution (check all that apply): b. Discontinued study
555	CM92_Resolutn4C	Num	8	11.	CAM92: 4. Resolution (check all that apply): c. Adverse event reported (fill out AE form CAM81)
556	CAm92DONE	Num	8		Added: CAM92 Finished flagged as 1
557	cm92_visdt	Num	8		Added: Visit week in Form CAM92
558	cm92_staff_id	Num	8		Added: Staff ID in Form CAM92
559	CM93_AbnPhysExm	Num	8	11.	CAM93: a. Abnormal physical examination
560	CM93_AbnLabs	Num	8	11.	CAM93: b. Abnormal lab results
561	CM93_LabND	Num	8	11.	CAM93: c. Required lab not done
562	CM93_TrtNonCompl	Num	8	11.	CAM93: d. Treatment non-compliance
563	CM93_AdvEvent	Num	8	11.	CAM93: e. Adverse events
564	CM93_InactveFup	Num	8	11.	CAM93: f. Inactive follow-up
565	CM93_MissedVis	Num	8	11.	CAM93: g. Missed required clinical visits
566	CM93_Other	Num	8	11.	CAM93: h. Other reason
567	CM93_OtherSpec	Char	100	$100.	CAM93: h. Other reason - Specify:
568	CM93_Comment1	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
569	CM93_Comment2	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
570	CM93_Comment3	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
571	CM93_Comment4	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
572	CM93_Comment5	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
573	CM93_Comment6	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
574	CM93_Comment7	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
575	CM93_Comment8	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
576	CAm93DONE	Num	8		Added: CAM93 Finished flagged as 1
577	cm93_visdt	Num	8		Added: Visit week in Form CAM93
578	CAM93_Reason	Char	100		Derived: Reason for recording comments(s) (check all that apply):
579	cm93_staff_id	Num	8		Added: Staff ID in Form CAM93
580	CAM93_VNO	Num	8		Added: Visit week in Form CAM93
581	CM94_AcuteUrinReten	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): a. Acute urinary retention (Complete form CAM61)

Num	Variable	Type	Len	Informat	Label
582	CM94_RecurSymptUTI	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): b. Recurrent symptomatic urinary tract infection or urosepsis (Complete form CAM61)
583	CM94_NewIncontnce	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): c. Incontinence event (Complete form CAM61)
584	CM94_AdverseEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): d. Adverse event (Complete form CAM81)
585	CM94_DispenseMed	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): e. Dispense medication (Complete form CAM51)
586	CM94_IIllnessEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): f. Intercurrent illness event (Complete Question 2 of this form)
587	CM94_IntercurIll1	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
588	CM94_IntercurIll2	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
589	CM94_SeriousEvnt	Num	8	11.	CAM94: 2. Intercurrent illness event: b. Is this a serious event ?
590	CM94_ActnTkn1	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
591	CM94_ActnTkn2	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
592	CM94_EvntDecl	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ?
593	CM94_ConfMo	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
594	CM94_ConfDy	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
595	CM94_ConfYr	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
596	CM94_PostVoidRes	Num	8	6.	CAM94: PostVoidRes
597	CM94_Other	Num	8	6.	CAM94: Other
598	CM94_OTHSPECIFY	Char	200	$200.	CAM94: OTHSPECIFY
599	CAm94DONE	Num	8		Added: CAM94 Finished flagged as 1
600	cm94_visdt	Num	8		Added: Visit week in Form CAM94
601	cm94_staff_id	Num	8		Added: Staff ID in Form CAM94
602	CM95_StudySite	Num	8	11.	CAM95: Study Site:
603	CM95_SiteFaxNo	Char	13	$13.	CAM95: Site Fax Number:
604	CM95_SiteContact	Char	50	$50.	CAM95: Site Contact:
605	CM95_SiteInv	Char	50	$50.	CAM95: Specific Site Investigator:
606	CM95_RequestMo	Num	8	11.	CAM95: Date of request: mm
607	CM95_RequestDy	Num	8	11.	CAM95: Date of request: dd
608	CM95_RequestYr	Num	8	11.	CAM95: Date of request: yyyy
609	CM95_ExemptDesc	Num	8	11.	CAM95: Protocol Exemption Description (check one):
610	CM95_Criterion1	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
611	CM95_Criterion2	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
612	CM95_OthSpec	Char	50	$50.	CAM95: Protocol Exemption Description (check one): (3) Other - Specify:

Num	Variable	Type	Len	Informat	Label
613	CM95_ExemptDetail1	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
614	CM95_ExemptDetail2	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
615	CM95_ExemptDetail3	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
616	CM95_ExemptDetail4	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
617	CM95_Decision	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (2) Denied
618	CM95_ExemptNo	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (1) Approved - If approved, exemption number:
619	CM95_Comment1	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
620	CM95_Comment2	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
621	CM95_Comment3	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
622	CAm95DONE	Num	8		Added: CAM95 Finished flagged as 1
623	cm95_visdt	Num	8		Added: Visit week in Form CAM95
624	cm95_staff_id	Num	8		Added: Staff ID in Form CAM95
625	CM96_OldClinNo	Num	8	11.	CAM96: A. Participant Identification - 1. Current clinic number:
626	CM96_RandNum	Char	6	$6.	CAM96: A. Participant Identification - 2. Medication ID:
627	CM96_LstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic
628	CM96_LstVisMo	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: mm
629	CM96_LstVisDy	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: dd
630	CM96_LstVisYr	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: yyyy
631	CM96_FstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic:
632	CM96_FstVisMo	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: mm
633	CM96_FstVisDy	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: dd
634	CM96_FstVisYr	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: yyyy
635	CM96_NewClinNo	Num	8	11.	CAM96: A. Participant Identification - 6. New clinic number:
636	CM96_Check1	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 1. Notify the coordinator at the New Clinic
637	CM96_Check2	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 2. Copy all CRFs and information in the patient binder
638	CM96_Check3	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 3. Copy all source documentation
639	CM96_Check4	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 4. Send copies to the New Clinic
640	CM96_Check5	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 5. Send any undispensed medication to the New Clinic
641	CM96_CmpFormInit	Char	3	$3.	CAM96: A. Participant Identification - 7. Complete the following checklist: Initials of person completing form :

Num	Variable	Type	Len	Informat	Label
642	CM96_Task1	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Check if done
643	CM96_Task1Mo	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - mm
644	CM96_Task1Dy	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - dd
645	CM96_Task1Yr	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - yyyy
646	CM96_Task2	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Check if done
647	CM96_Task2Mo	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - mm
648	CM96_Task2Dy	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - dd
649	CM96_Task2Yr	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - yyyy
650	CM96_Task3	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Check if done
651	CM96_Task3Mo	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - mm
652	CM96_Task3Dy	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - dd
653	CM96_Task3Yr	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - yyyy
654	CM96_Task4	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Check if done
655	CM96_Task4Mo	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - mm
656	CM96_Task4Dy	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - dd
657	CM96_Task4Yr	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - yyyy
658	CAm96DONE	Num	8		Added: CAM96 Finished flagged as 1
659	cm96_visdt	Num	8		Added: Visit week in Form CAM96
660	cm96_staff_id	Num	8		Added: Staff ID in Form CAM96
661	DateWk72MO	Num	8		CAM97: 1. Date of Week 72 Visit (mm)
662	DateWk72DY	Num	8		CAM97: 1. Date of Week 72 Visit (dd)
663	DateWk72YR	Num	8		CAM97: 1. Date of Week 72 Visit (yyyy)
664	ONStudyDRUG	Num	8		CAM97: 2. Was the participant on study drug at Week 72?
665	WEEK_DISC	Num	8		CAM97: 2. Was the participant on study drug at Week 72? - If no, at which study week did the participant discontinue study drug?
666	CONTACT_MADE	Num	8		CAM97: 3. Was contact made within 30 days of the Week 72 visit? - If yes, Date of Contact
667	ContactMo	Num	8		CAM97: 3. Was contact made within 30 days of the Week 72 visit? - If yes, Date of Contact - If yes, Date of Contact(mm)
668	ContactDY	Num	8		CAM97: 3. Was contact made within 30 days of the Week 72 visit? - If yes, Date of Contact - If yes, Date of Contact(dd)
669	ContactYR	Num	8		CAM97: 3. Was contact made within 30 days of the Week 72 visit? - If yes, Date of Contact - If yes, Date of Contact(yyyy)

Num	Variable	Type	Len	Informat	Label
670	LabReport	Num	8		CAM97: 4. Was an abnormal and clinically significant lab value report at Week 72? - If yes, please complete #5; If no, please skip #5 and proceed to #6
671	CM97_WBC	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Abnormal and clinically Significant at Week 72(Yes/No)]
672	CM97_RBC	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Abnormal and clinically Significant at Week 72(Yes/No)]
673	CM97_Hgb	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Abnormal and clinically Significant at Week 72(Yes/No)]
674	CM97_Hct	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Abnormal and clinically Significant at Week 72(Yes/No)]
675	CM97_PltCnt	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Abnormal and clinically Significant at Week 72(Yes/No)]
676	CM97_WBC_res	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Resolved(Yes/No)]
677	CM97_RBC_res	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Resolved(Yes/No)]
678	CM97_Hgb_res	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Resolved(Yes/No)]
679	CM97_Hct_res	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Resolved(Yes/No)]
680	CM97_PltCnt_res	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Resolved(Yes/No)]
681	CM97_WBC_resm	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Date of Resolution(mm)]
682	CM97_WBC_resd	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Date of Resolution(dd)]
683	CM97_WBC_resy	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Date of Resolution(yyyy)]
684	CM97_RBC_resm	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Date of Resolution(mm)]
685	CM97_RBC_resd	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Date of Resolution(dd)]
686	CM97_RBC_resy	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Date of Resolution(yyyy)]
687	CM97_Hgb_resm	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Date of Resolution(mm)]
688	CM97_Hgb_resd	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Date of Resolution(dd)]
689	CM97_Hgb_resy	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Date of Resolution(yyyy)]
690	CM97_Hct_resm	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Date of Resolution(mm)]
691	CM97_Hct_resd	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Date of Resolution(dd)]
692	CM97_Hct_resy	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Date of Resolution(yyyy)]
693	CM97_PltCnt_resm	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Date of Resolution(mm)]

Num	Variable	Type	Len	Informat	Label
694	CM97_PltCnt_resd	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Date of Resolution(dd)]
695	CM97_PltCnt_resy	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Date of Resolution(yyyy)]
696	CM97_WBC_rela	Num	8	6.	CAM97: 5. Complete Blood Count: (a) Leukocyte count (WBC): [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
697	CM97_RBC_rela	Num	8	6.	CAM97: 5. Complete Blood Count: (b) Erythrocyte count (RBC): [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
698	CM97_Hgb_rela	Num	8	6.	CAM97: 5. Complete Blood Count: (c) Hemoglobin: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
699	CM97_Hct_rela	Num	8	6.	CAM97: 5. Complete Blood Count: (d) Hematocrit: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
700	CM97_PltCnt_rela	Num	8	6.	CAM97: 5. Complete Blood Count: (e) Platelet count: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
701	CM97_Sodium	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Abnormal and clinically Significant at Week 72(Yes/No)]
702	CM97_Potasm	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Abnormal and clinically Significant at Week 72(Yes/No)]
703	CM97_Chloride	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Abnormal and clinically Significant at Week 72(Yes/No)]
704	CM97_Bicarb	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Abnormal and clinically Significant at Week 72(Yes/No)]
705	CM97_Glucose	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Abnormal and clinically Significant at Week 72(Yes/No)]
706	CM97_Creat	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Abnormal and clinically Significant at Week 72(Yes/No)]
707	CM97_SGPTVal	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Abnormal and clinically Significant at Week 72(Yes/No)]
708	CM97_SGOTVal	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Abnormal and clinically Significant at Week 72(Yes/No)]
709	CM97_GGT	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Abnormal and clinically Significant at Week 72(Yes/No)]
710	CM97_ElectroCar	Num	8	6.	CAM97: 5. Electrocardiogram: [Abnormal and clinically Significant at Week 72(Yes/No)]
711	CM97_Sodium_res	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Resolved(Yes/No)]
712	CM97_Potasm_res	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Resolved(Yes/No)]
713	CM97_Chloride_res	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Resolved(Yes/No)]
714	CM97_Bicarb_res	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Resolved(Yes/No)]
715	CM97_Glucose_res	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Resolved(Yes/No)]
716	CM97_Creat_res	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Resolved(Yes/No)]
717	CM97_SGPTVal_res	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Resolved(Yes/No)]
718	CM97_SGOTVal_res	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Resolved(Yes/No)]
719	CM97_GGT_res	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Resolved(Yes/No)]

Num	Variable	Type	Len	Informat	Label
720	CM97_ElectroCar_res	Num	8	6.	CAM97: 5. Electrocardiogram: [Resolved(Yes/No)]
721	CM97_Sodium_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Date of Resolution(mm)]
722	CM97_Potasm_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Date of Resolution(mm)]
723	CM97_Chloride_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Date of Resolution(mm)]
724	CM97_Bicarb_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Date of Resolution(mm)]
725	CM97_Glucose_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Date of Resolution(mm)]
726	CM97_Creat_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Date of Resolution(mm)]
727	CM97_SGPTVal_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Date of Resolution(mm)]
728	CM97_SGOTVal_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Date of Resolution(mm)]
729	CM97_GGT_resm	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Date of Resolution(mm)]
730	CM97_ElectroCar_resm	Num	8	6.	CAM97: 5. Electrocardiogram: [Date of Resolution(mm)]
731	CM97_Sodium_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Date of Resolution(dd)]
732	CM97_Potasm_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Date of Resolution(dd)]
733	CM97_Chloride_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Date of Resolution(dd)]
734	CM97_Bicarb_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Date of Resolution(dd)]
735	CM97_Glucose_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Date of Resolution(dd)]
736	CM97_Creat_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Date of Resolution(dd)]
737	CM97_SGPTVal_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Date of Resolution(dd)]
738	CM97_SGOTVal_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Date of Resolution(dd)]
739	CM97_GGT_resd	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Date of Resolution(dd)]
740	CM97_ElectroCar_resd	Num	8	6.	CAM97: 5. Electrocardiogram: [Date of Resolution(dd)]
741	CM97_Sodium_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Date of Resolution(yyyy)]
742	CM97_Potasm_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Date of Resolution(yyyy)]
743	CM97_Chloride_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Date of Resolution(yyyy)]
744	CM97_Bicarb_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Date of Resolution(yyyy)]
745	CM97_Glucose_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Date of Resolution(yyyy)]
746	CM97_Creat_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Date of Resolution(yyyy)]
747	CM97_SGPTVal_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Date of Resolution(yyyy)]
748	CM97_SGOTVal_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Date of Resolution(yyyy)]
749	CM97_GGT_resy	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Date of Resolution(yyyy)]
750	CM97_ElectroCar_resy	Num	8	6.	CAM97: 5. Electrocardiogram: [Date of Resolution(yyyy)]
751	CM97_Sodium_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (a) Sodium: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
752	CM97_Potasm_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (b) Potassium: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
753	CM97_Chloride_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (c) Chloride: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
754	CM97_Bicarb_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (d) Bicarbonate: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]

Num	Variable	Type	Len	Informat	Label
755	CM97_Glucose_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (e) Glucose: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
756	CM97_Creat_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (f) Creatinine: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
757	CM97_SGPTVal_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (g) ALT(SGPT): [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
758	CM97_SGOTVal_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (h) AST(SGOT): [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
759	CM97_GGT_rela	Num	8	6.	CAM97: 5. Serum Chemistries: (i) GGT: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
760	CM97_ElectroCar_rela	Num	8	6.	CAM97: 5. Electrocardiogram: [Relationship to Study Drug(1-Unrelated; 2-Unlikely; 3-Possible; 4-Probable; 5-Definite)]
761	SERUMCOL	Num	8		CAM97: 6. Was a serum PSA sample collected at Week 72?(Yes/No) - If no, proceed to #7
762	PSARESULT	Num	8		CAM97: 6. Was a serum PSA sample collected at Week 72? - If yes, please record the PSA result: (ng/ml)
763	URINALYSIS	Num	8		CAM97: 7. Was a urinalysis done at Week 72? - If yes, record the results below - If no, proceed to #8
764	URI_PH	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (a) pH:
765	URI_GLUCOSE	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (b) Glucose:
766	URI_Blood	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (c) Blood:
767	URI_Ketones	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (d) Ketones:
768	URI_Protein	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (e) Protein:
769	URI_LEUKO	Num	8		CAM97: 7. Was a urinalysis done at Week 72? (f) Leukocyte esterase:
770	AESAE	Num	8		CAM97: 8. Did any other AE or SAE occur within 30 days of the Week 72 Visit? - If yes, please complete a CAM81 (AE) or CAM82 (SAE) form.
771	CAM97DONE	Num	8		Added: CAM97 Finished flagged as 1
772	cm97_visdt	Num	8		Added: Visit week in Form CAM97
773	cm97_staff_id	Num	8		Added: Staff ID in Form CAM97
774	CM102_StartDate	Char	10	$10.	CAM102: Date
775	CM102_Age	Num	8	11.	CAM102: Age
776	CM102_bRace1	Num	8	11.	CAM102: Race (Check all that apply) - American Indian or Alaska Native
777	CM102_bRace2	Num	8	11.	CAM102: Race (Check all that apply) - Asian
778	CM102_bRace3	Num	8	11.	CAM102: Race (Check all that apply) - Native Hawaiian or Other Pacific Islander
779	CM102_bRace4	Num	8	11.	CAM102: Race (Check all that apply) - Black orAfrican-American
780	CM102_bRace5	Num	8	11.	CAM102: Race (Check all that apply) - White
781	CM102_bRace6	Num	8	11.	CAM102: Race (Check all that apply) - Unknown or Not Reported
782	CM102_aRace	Num	8	11.	CAM102: Ethnicity (Hispanic or Latino)
783	CM102_ScrnOutcome	Num	8	11.	CAM102: Screening Outcome
784	Ineligible_Spec	Char	200	$200.	CAM102: Screening Outcome - (3) Ineligible - If not eligible, specify
785	CM102_Randomized	Num	8	11.	CAM102: Randomized (SV2 only)
786	CM102_RandNum	Char	6	$6.	CAM102: If, available, please provide the Med Kit # assigned (SV2 only)

Num	Variable	Type	Len	Informat	Label
787	CM102_StopDate	Char	10	$10.	CAM102: Date (SV2 only)
788	CAM102DONE	Num	8		Added: CAM102 Finished flagged as 1
789	cm102_StaffID	Num	8		Added: Staff ID in Form CAM102
790	cm102_PID	Char	7		CAM102: PID # Assigned (SV2 only)
791	CM104_RandNum	Char	6	$6.	CAM104: Med Kit #
792	Date1	Char	30	$30.	CAM104: Date <Visit Number 1>
793	Study1	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 1>
794	Comment1	Char	30	$30.	CAM104: Comment <Visit Number 1>
795	Monitor1	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 1>
796	Date2	Char	30	$30.	CAM104: Date <Visit Number 2>
797	Study2	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 2>
798	Comment2	Char	30	$30.	CAM104: Comment <Visit Number 2>
799	Monitor2	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 2>
800	Date3	Char	30	$30.	CAM104: Date <Visit Number 3>
801	Study3	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 3>
802	Comment3	Char	30	$30.	CAM104: Comment <Visit Number 3>
803	Monitor3	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 3>
804	Date4	Char	30	$30.	CAM104: Date <Visit Number 4>
805	Study4	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 4>
806	Comment4	Char	30	$30.	CAM104: Comment <Visit Number 4>
807	Monitor4	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 4>
808	Date12	Char	30	$30.	CAM104: Date <Visit Number 12>
809	Study12	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 12>
810	Comment12	Char	30	$30.	CAM104: Comment <Visit Number 12>
811	Monitor12	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 12>
812	Date24	Char	30	$30.	CAM104: Date <Visit Number 24>
813	Study24	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 24>
814	Comment24	Char	30	$30.	CAM104: Comment <Visit Number 24>
815	Monitor24	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 24>
816	Date28	Char	30	$30.	CAM104: Date <Visit Number 28>
817	Study28	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 28>
818	Comment28	Char	30	$30.	CAM104: Comment <Visit Number 28>
819	Monitor28	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 28>
820	Date36	Char	30	$30.	CAM104: Date <Visit Number 36>

Num	Variable	Type	Len	Informat	Label
821	Study36	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 36>
822	Comment36	Char	30	$30.	CAM104: Comment <Visit Number 36>
823	Monitor36	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 36>
824	Date48	Char	30	$30.	CAM104: Date <Visit Number 48>
825	Study48	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 48>
826	Comment48	Char	30	$30.	CAM104: Comment <Visit Number 48>
827	Monitor48	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 48>
828	Date52	Char	30	$30.	CAM104: Date <Visit Number 52>
829	Study52	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 52>
830	Comment52	Char	30	$30.	CAM104: Comment <Visit Number 52>
831	Monitor52	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 52>
832	Date60	Char	30	$30.	CAM104: Date <Visit Number 60>
833	Study60	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 60>
834	Comment60	Char	30	$30.	CAM104: Comment <Visit Number 60>
835	Monitor60	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 60>
836	Date72	Char	30	$30.	CAM104: Date <Visit Number 72>
837	Study72	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 72>
838	Comment72	Char	30	$30.	CAM104: Comment <Visit Number 72>
839	Monitor72	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 72>
840	cm104_StaffID	Num	8		Added: Staff ID in Form CAM104
841	CAM104Done	Num	8		Added: CAM104 Finished flagged as 1

Data Set Name: camu23.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	BatchNum	Num	8		Added: BatchNum
2	VisMo	Num	8	11.	CAM23: Visit Month
3	VisDy	Num	8	11.	CAM23: Visit Day
4	VisYr	Num	8	11.	CAM23: Year
5	ParticipantId	Char	7	$7.	CAM23: Participantid
6	VisitNo	Num	8	12.	CAM23: Visit Week
7	CM23_StrtStpMed	Num	8	11.	CAM23: If this is screening visit 1, has the participant taken any medications for the last 6 months? If this is not screening visit 1, since the last visit, has the participant started or stopped any medications ?
8	Staff_ID	Num	8	6.	CAM23: Staff ID in Form CAM23
9	VisDate	Char	10	$10.	CAM23: Visit Date
10	PageNum	Num	8	6.	CAM23: Page Number
11	Site	Char	7		Added: Site
12	form	Char	5		Added: Form
13	CM23_Med	Char	200	$200.	CAM23: Medication (Give generic name):
14	CM23_TotDose	Char	50	$50.	CAM23: Total Dosage:
15	CM23_DoseUnits	Num	8	11.	CAM23: Dosage Units
16	CM23_UnitSpec	Char	50	$50.	CAM23: Dosage Units - If 'other', Specify:
17	CM23_Freq	Num	8	11.	CAM23: Frequency
18	CM23_FreqSpec	Char	50	$50.	CAM23: Frequency - If 'other', Specify:
19	CM23_ModeAdm	Num	8	11.	CAM23: Mode of Administration
20	CM23_ModeSpec	Char	50	$50.	CAM23: Mode of Administration - If 'other', Specify:
21	CM23_StartMo	Num	8	11.	CAM23: Date Started (mm)
22	CM23_StartDy	Num	8	11.	CAM23: Date Started (dd)
23	CM23_StartYr	Num	8	11.	CAM23: Date Started (yyyy)
24	CM23_Ongoing	Num	8	11.	CAM23: Ongoing:
25	CM23_StopMo	Num	8	11.	CAM23: Date Stopped (mm)
26	CM23_StopDy	Num	8	11.	CAM23: Date Stopped (dd)
27	CM23_StopYr	Num	8	11.	CAM23: Date Stopped (yyyy)
28	CM23_PriReas	Char	200	$200.	CAM23: Comments
29	CM23_LineNum2	Char	30	$30.	CAM23: Line#
30	CM23_LineNum	Char	50	$50.	CAM23: Line#
31	CM23_Continue	Num	8		CAM23: Use check Box if Start Date is continued from a previous visit
32	CM23_StillContinue	Num	8		CAM23: Use check Box if participant is still using the medication listed
33	CM23_ExcluMed	Num	8		CAM23: Exclusionary Med
34	CM23_RestrictMed	Num	8		CAM23: Restricted Med
35	CAM23DONE	Num	8		Added: CAM23 Finished flagged as 1

Data Set Name: camu24.sas7bdat

Num	Variable	Type	Len	Informat	Label
1	participantid	Char	7	$7.	ParticipantId
2	pool369	Num	8		Derived Variable: Enrolled Patients (369 ParticipantID) flagged as 1
3	pool357	Num	8		Derived Variable: Enrolled Patients who keep in the study after baseline (357 ParticipantID) flagged as 1
4	pool306	Num	8		Derived Variable: Enrolled Patients who finished the study after week 72 (306 ParticipantidID) flagged as 1
5	Enroll_Age	Num	8		Derived Variable: Enroll Year - Birth Year
6	medkitno	Char	6	$6.	Added: Med Kit #
7	PID	Char	7	$7.	Added: Participantid
8	drug	Num	8		Added: Treatment: 1-SAW PALMETTO; 2-PLACEBO
9	enrolldt	Num	8		Added: Enroll Date
10	site	Char	3		Added: Site
11	visitno	Num	8	11.	Added: Visit Week
12	CM01_Age	Num	8	11.	CAM01: 1. Is the participant a male at least 45 years of age?
13	CM01_UrinFlw	Num	8	11.	CAM01: 2a. Was the participant's peak urinary flow rate at least 4 mllsec at both screening visits?
14	CM01_VoidVol	Num	8	11.	CAM01: 2b. Was the participant's voided volume at least 125 ml at both screening visits?
15	CM01_AUAScr	Num	8	11.	CAM01: 3. Was the participant's AUA symptom score greater than or equal to 8 and less than or equal to 24 at both screening visits?
16	CM01_VolCnsnt	Num	8	11.	CAM01: 4. Did the participant voluntarily sign an informed consent agreement prior to the performance of any study procedures?
17	CM01_PrInvBPH	Num	8	11.	CAM01: 5. Has the participant had any prior invasive interventions for BPH?
18	CM01_Phytothrpy	Num	8	11.	CAM01: 6. Has the participant taken phytotherapy for BPH within 3 months prior to screening visit l?
19	CM01_Alphreduct	Num	8	11.	CAM01: 7. Has the participant taken a 5-alpha reductase inhibitor within 3 months prior to screening visit 1 ?
20	CM01_AlphBlck1M	Num	8	11.	CAM01: 8. Has the participant taken an alpha blocker within one month prior to screening visit I?
21	CM01_AlphblkAlrgy	Num	8	11.	CAM01: 9. Has the participant had an allergic reaction to Serenoa repens?
22	CM01_PrvMd4Wk	Num	8	11.	CAM01: 10. Has the participant taken an oral alpha agonist, tricyclic antidepressants, or anticholinergic or cholinergic medication within 4 weeks of the first screening visit, with the following exception: topical anticholinergic eye drops used for glauco
23	CM01_PrvMd6Mo	Num	8	11.	CAM01: 11. Has the participant taken estrogen, androgen, any drug producing androgen suppression, or anabolic steroids within 6 months prior to screening visit l?
24	CM01_RenalImp	Num	8	11.	CAM01: 12. Does the participant have known clinically significant renal impairment (it., creatinine > 2.0 mg/dL)?
25	CM01_ALT	Num	8	12.	CAM01: 13. Does the participant have an ALT(SGPT), AST(SG0T) or GGT value greater than 3 times the upper limit of normal, confirmed on a second measurement?

Num	Variable	Type	Len	Informat	Label
26	CM01_PTT	Num	8	12.	CAM01: 14. Does the participant have a prothrombin time greater than 3 seconds above the upper limit of normal or more than 3 seconds above the control value?
27	CM01_Ischemia	Num	8	12.	CAM01: 15. Does the participant have an electrocardiogram reading that suggests active ischemia?
28	CM01_PSALev	Num	8	11.	CAM01: 16. Is the participant's PSA level greater than 10 ng/ml at screening?
29	CM01_DailyPad	Num	8	11.	CAM01: 17. Does the participant require daily use of a pad or device for incontinence, or have an ICSmaleIS score >14 at baseline?
30	CM01_UnMedCond3M	Num	8	11.	CAM01: 18. Has the participant had an unstable medical condition within the past 3 months?
31	CM01_Carcinoma	Num	8	11.	CAM01: 19. Does the participant have a history of or current evidence of carcinoma of the prostate or bladder, pelvic radiation or surgery, urethral stricture or prior surgery for bladder neck obstruction?
32	CM01_UrTract1M	Num	8	11.	CAM01: 20. Does the participant have active urinary tract disease or has the participant undergone cystoscopy or biopsy of the prostate within 1 month prior to screening visit 1 or does he have an imminent need for urologic surgery?
33	CM01_NeurCond	Num	8	11.	CAM01: 21. Does the participant have known primary neurologic conditions such as multiple sclerosis or Parkinson's disease or other neurological diseases known to affect bladder function?
34	CM01_BacProstPYr	Num	8	11.	CAM01: 22. Has the participant had documented bacterial prostatitis within the past year?
35	CM01_UrTractPYr	Num	8	11.	CAM01: 23. Has the participant had two documented independent urinary tract infections of any type in the past year?
36	CM01_SevBleed	Num	8	11.	CAM01: 24. Does the participant have a known severe bleeding disorder or need for ongoing therapeutic anticoagulation with coumadin or heparin or Plavix?
37	CM01_Cancer	Num	8	11.	CAM01: 25. Does the participant have cancer which is not considered cured (except basal cell or squamous cell carcinoma of the skin)? A potential participant is considered cured if there has been no evidence of cancer within 5 years of study entry. A histo
38	CM01_FolDirctn	Num	8	11.	CAM01: 26. Is the participant unable to follow protocol directions due to organic brain or psychiatric disease?
39	CM01_Alcohol	Num	8	11.	CAM01: 27. Does the participant have a history of alcoholism or any other substance abuse, which, in the opinion of the investigator, would affect compliance with the protocol?
40	CM01_SMedCond	Num	8	11.	CAM01: 28. Does the participant have any serious medical condition likely to impede successful completion of the long-term study?
41	CM01_RandDate	Char	50	$50.	CAM01: 29. Date randomized:
42	CM01_RandMo	Num	8	12.	CAM01: 29. Date randomized:
43	CM01_RandDy	Num	8	12.	CAM01: 29. Date randomized:
44	CM01_RandYr	Num	8	12.	CAM01: 29. Date randomized:
45	CM01_RandNum	Char	6	$6.	CAM01: 30. Med Kit #:
46	BatchNum	Num	8		BatchNum
47	CAM01DONE	Num	8		Added: CAM01 Finished flagged as 1
48	cm01_visdt	Num	8		Added: Visit Date in Form CAM01
49	CM21_CnsntMo	Num	8	11.	CAM21: 1. Date consent form signed:

Num	Variable	Type	Len	Informat	Label
50	CM21_CnsntDy	Num	8	11.	CAM21: 1. Date consent form signed:
51	CM21_CnsntYr	Num	8	11.	CAM21: 1. Date consent form signed:
52	CM21_CnsntDate	Char	10	$10.	CAM21: 1. Date consent form signed:
53	CM21_OthTrial	Num	8	11.	CAM21: 2. Were you enrolled in another treatment trial for any disease in the past 30 days?
54	CM21_ScrnType	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (1) Initial Screen
55	CM21_ScrnMo	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
56	CM21_ScrnDy	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
57	CM21_ScrnYr	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen
58	CM21_ScrnDate	Char	10	$10.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - (2) Rescreen: If rescreen, Date of the first screening:
59	CM21_Attempt	Num	8	11.	CAM21: 3. Is this an initial screening or a rescreening (check one)? - Number attempted screenings(including the current one)
60	CM21_DOBYr	Num	8	11.	CAM21: 4. What is your year of birth?(Excluded if < 45 years old)
61	CM21_aRace	Num	8	11.	CAM21: 5. Race / Ethnicity - (a) Do you consider yourself Hispanic or Latino?
62	CM21_bRace1	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: American Indian or Alaska Native - 1: Yes
63	CM21_bRace2	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Asian - 1: Yes
64	CM21_bRace3	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Native Hawaiian or Other Pacific Islander - 1: Yes
65	CM21_bRace4	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Black or African-American - 1: Yes
66	CM21_bRace5	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: White - 1: Yes
67	CM21_bRace6	Num	8	11.	CAM21: 5. Race / Ethnicity - (b) Race: Unknown or Not Reported - 1: Yes
68	CM21_Married	Num	8	11.	CAM21: 6. Are you married or in a long-term committed relationship?
69	CM21_HEdu	Num	8	11.	CAM21: 7. What is the highest educational level that you achieved(check one)?
70	CM21_CnCmtntMed	Num	8	11.	CAM21: 8. Do you take any medication on a regular basis? - If 'Yes', fill out form CAM23(Concomitant Medication form) and CAM24(Urology Medication Tracking form)
71	CM21_CngenitalDz	Num	8	11.	CAM21: 9. Congenital disease. Probe with: Were you born with a birth defect or an unusual condition such as malformation of the limbs, head, skin, or internal organs?
72	CM21_LungDz	Num	8	11.	CAM21: 10. Lung disease. Probe with: Have you ever had chronic obstructive pulmonary disorder (COPD), emphysema, asthma, chronic bronchitis, pneumonia, or water on the lungs?
73	CM21_KidneyDz	Num	8	11.	CAM21: 11. Kidney disease. Probe with: Do you have kidney or bladder, stones, or kidney problems?
74	CM21_ImmuneDz	Num	8	11.	CAM21: 12. Immune disease. Probe with: Do you have rheumatoid arthritis or lupus?
75	CM21_Diabetic	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not?

Num	Variable	Type	Len	Informat	Label
76	CM21_DiabeticLength	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - a. How long have you had diabetes mellitus?
77	CM21_DiabeticType	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - b. Type of diabetes mellitus:
78	CM21_DiabeticOral	Num	8	11.	CAM21: 13. Diabetes. Probe with: Do you have diabetes, whether you take medication for it or not? (If yes:) - c. Have you taken any oral agents for diabetes mellitus?
79	CM21_Endocrin	Num	8	11.	CAM21: 14. Endocrine disorder. Probe with: Do you have a pituitary, thyroid, or adrenal gland disorder, or low testosterone?
80	CM21_LiverDz	Num	8	11.	CAM21: 15. Liver disease. Probe with: Do you have hepatitis or cirrhosis?
81	CM21_GastroDz	Num	8	11.	CAM21: 16. Gastrointestinal disease. Probe with: Do you have ulcers, serious heartburn, gastrointestinal bleeding, gallstones or other problems with your gallbladder, hemorrhoids, polyps, Crohn's disease or ulcerative colitis, diverticulitis, or pancreatit
82	CM21_SkinDz	Num	8	11.	CAM21: 17. Skin disease. Probe with: Do you have psoriasis, chronic rash, or eczema?
83	CM21_NervSysDz	Num	8	11.	CAM21: 18. Disease of the nervous system. Probe with: Do you have seizures, multiple sclerosis, Parkinson's, stroke, or muscle disease? (Excluded if known primary neurologic conditions such as multiple sclerosis or Parkinson's disease, or other neurologica
84	CM21_Carcinoma	Num	8	11.	CAM21: 19. Cancer. Probe with: Do you have or have you had any cancer or carcinoma? (Excluded if history or current evidence of carcinoma of the prostate or bladder, or cancer that is not considered cured, except basal cell or squamous cell carcinoma of th
85	CM21_Anemia	Num	8	11.	CAM21: 20. Anemia. Probe with: Do you have anemia?
86	CM21_BloodDz	Num	8	11.	CAM21: 21. Blood disease other than anemia. Probe with : Do you have sickle cell, leukemia, or a bleeding disorder?
87	CM21_UrnTract	Num	8	11.	CAM21: 22. History of urinary tract infections. Probe with : Do you have any of the following urinary conditions: burning, frequency, urgency, hematuria, or bladder spasm?
88	CM21_UrnRetensn	Num	8	11.	CAM21: 23. History of urinary retention. Probe with : Have you ever had an inability to urinate at all?
89	CM21_Hematuria	Num	8	11.	CAM21: 24. Prior history of gross or microscopic hematuria. Probe with : Have you ever had visible or microscopic blood in your urine?
90	CM21_Biopsy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate?
91	CM21_BiopsyMo	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
92	CM21_BiopsyDy	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
93	CM21_BiopsyYr	Num	8	11.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy?
94	CM21_BiopsyDate	Char	10	$10.	CAM21: 25. Prior biopsy of prostate. Probe with: Have you previously had a biopsy of your prostate? - If yes, what was the date of your prostate biopsy? (Excluded if biopsy of the prostate within the past 4 weeks.)
95	CM21_Vasctmy	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy?
96	CM21_VasctmyYr	Num	8	11.	CAM21: 26. Vasectomy. Probe with: Have you had a vasectomy? - If yes, what was the year?

Num	Variable	Type	Len	Informat	Label
97	CM21_HisUrethral	Num	8	11.	CAM21: 27. History or current evidence of urethral stricture. Probe with: Do you currently or have you had a history of urethral stricture? (Excluded if participant has history or current evidence of urethral stricture)
98	CM21_Impotnce	Num	8	11.	CAM21: 28. Impotence. Probe with: Do you have any difficulty with erectile function?
99	CM21_Othgenurn	Num	8	11.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence?
100	CM21_OthgenurnD	Char	200	$200.	CAM21: 29. Other genitourinary disease. Probe with: Do you have incontinence? - If yes, specify
101	CM21_InfectDz	Num	8	11.	CAM21: 30. Infectious disease. Probe with: Do you have any infectious diseases such as HIV, herpes, or tuberculosis?
102	CM21_HisBPH	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes, (2)No
103	CM21_HisBPHD1	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Father
104	CM21_HisBPHD2	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Maternal grandfather
105	CM21_HisBPHD3	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One maternal uncle
106	CM21_HisBPHD4	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more maternal uncles
107	CM21_HisBPHD5	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One brother
108	CM21_HisBPHD6	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (1)Yes - (1)Two or more brothers
109	CM21_HisBPHD7	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Paternal grandfather
110	CM21_HisBPHD8	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)One paternal uncle
111	CM21_HisBPHD9	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Two or more paternal uncles
112	CM21_HisBPHD10	Num	8	11.	CAM21: 31. Has anyone in your family been told by a physician that he has BPH? - (2)No - (1)Other male relative
113	CM21_HisProCncr	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes, (2)No
114	CM21_HisProCncrD1	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Father
115	CM21_HisProCncrD2	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Maternal grandfather
116	CM21_HisProCncrD3	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One maternal uncle
117	CM21_HisProCncrD4	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more maternal uncles
118	CM21_HisProCncrD5	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One brother
119	CM21_HisProCncrD6	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (1)Yes - (1)Two or more brothers

Num	Variable	Type	Len	Informat	Label
120	CM21_HisProCncrD7	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Paternal grandfather
121	CM21_HisProCncrD8	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)One paternal uncle
122	CM21_HisProCncrD9	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Two or more paternal uncles
123	CM21_HisProCncrD10	Num	8	11.	CAM21: 32. Has anyone in your family been told by a physician that he has prostate cancer? - (2)No - (1)Other male relative
124	CM21_LengthofBPH	Num	8		CAM21: 33. How long have you had symptoms of BPH? (years)
125	CM21_PastYrSym	Num	8	11.	CAM21: 34. Would you say that over the past year your symptoms have ...
126	CM21_BPHSym5Yr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - (1)Yes, (2)No
127	CM21_BPHSym5YrWR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
128	CM21_BPHSym5YrWD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (a) Watchful waiting
129	CM21_BPHSym5YrTR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
130	CM21_BPHSym5YrTD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (b) TURP or other surgical procedure
131	CM21_BPHSym5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
132	CM21_BPHSym5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication
133	CM21_AlphablkMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
134	CM21_AlphablkDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
135	CM21_AlphablkYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
136	CM21_AlphablkDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c1. alpha-blocker last taken:)
137	CM21_FinastrdMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
138	CM21_FinastrdDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
139	CM21_FinastrdYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)

Num	Variable	Type	Len	Informat	Label
140	CM21_FinastrdDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (c) Prescription Medication - If medication taken (c2. 5-alpha reductase inhibitor last taken)
141	CM21_BPHPhyto5YrPR	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Recommended? 1-Yes
142	CM21_BPHPhyto5YrPD	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - Done? 1-Yes
143	CM21_PhytothrpyMo	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
144	CM21_PhytothrpyDy	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
145	CM21_PhytothrpyYr	Num	8	11.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
146	CM21_PhytothrpyDate	Char	10	$10.	CAM21: 35. Have you seen a physician or primary care provider within the past 5 years about BPH symptoms? - If yes, what was...: (d) Phytotherapy - If phytotherapy taken (d1. phytotherapy last taken:)
147	EnteredDate	Char	10	$10.	CAM21:
148	CertNum	Char	4	$4.	CAM21:
149	QueryStr	Char	250	$250.	CAM21:
150	CM21_Cardiac	Num	8	6.	CAM21:
151	CM21_BPHSym5YrW	Num	8	6.	CAM21:
152	CM21_BPHSym5YrT	Num	8	6.	CAM21:
153	CM21_BPHSym5YrP	Num	8	6.	CAM21:
154	CM21_BPHPhyto5YrP	Num	8	6.	CAM21:
155	CM21_BPHSym5YrAB	Num	8	6.	CAM21:
156	CM21_BPHSym5YrAR	Num	8	6.	CAM21:
157	CAM21DONE	Num	8		Added: CAM21 Finished flagged as 1
158	cm21_visdt	Num	8		Added: Visit Date in Form CAM21
159	cm21_visit_type	Num	8		Added: Visit Type in Form CAM21
160	cm21_staff_ID	Num	8		Added: Staff ID in Form CAM21
161	CM22_NewConMed	Num	8	11.	CAM22: 1. Have there been changes in or new concomitant medications since the last visit? - If yes, update concomitant medication form (CAM23).
162	CM22_NewUrolMed	Num	8	11.	CAM22: 2. Have there been changes in or new urology medications since the last visit? - If yes, update urology medication tracking form (CAM24).
163	CM22_NewAdvEvnt	Num	8	11.	CAM22: 3. Has the participant experienced any new adverse events since the last visit? - If yes, update adverse events form (CAM81).
164	CM22_ReslvAdvEvnt	Num	8	11.	CAM22: 4. Have previously reported adverse events resolved or worsened since the last visit - If yes, update adverse events form (CAM81).
165	CM22_SupraCath	Num	8	11.	CAM22: 5. Does participant currently have a suprapubic catheter, use CIC/ISC, or had a catheter removed since the last visit?

Num	Variable	Type	Len	Informat	Label
166	CM22_BPHProg	Num	8	11.	CAM22: 6. Has the participant reached a protocol defined BPH outcome? - If yes, update BPH outcome events form (CAM61).
167	CAM22DONE	Num	8		Added: CAM22 Finished flagged as 1
168	cm22_visdt	Num	8		Added: Visit Date in Form CAM22
169	cm22_visit_type	Num	8		Added: Visit Type in Form CAM22
170	CM31_Height	Num	8	11.	1. Height: inches (SVl visit only)
171	CM31_Weight	Num	8	11.	CAM31: 2. Weight: pounds(In-Clinic Only - SVI, 24,48, 72 visit only)
172	CM31_BPSys	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Systolic mmHg <07/06/2007 version>
173	CM31_BPDia	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (a) Blood pressure - Diastolic mmHg <07/06/2007 version>
174	CM31_HrtRate	Num	8	11.	CAM31: 3. Supine measurements (taken after lying down for 5 minutes): (b) Heart rate - bpm <07/06/2007 version>
175	CM31_BPSys1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Systolic mmHg
176	CM31_BPDia1	Num	8	11.	CAM31: 4. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
177	CM31_HrtRate1	Num	8	11.	CAM31: 4. Seated measurements: (b) Heart rate reading - bpm
178	CM31_BPSys2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Systolic mmHg
179	CM31_BPDia2	Num	8	11.	CAM31: 5. Seated measurements: (a) Blood pressure reading - Diastolic mmHg
180	CM31_HrtRate2	Num	8	11.	CAM31: 5. Seated measurements: (b) Heart rate reading - bpm
181	CAM31DONE	Num	8		Added: CAM31 Finished flagged as 1
182	cm31_Visdt	Num	8		Added: Visit Date in Form CAM31
183	cm31_staff_ID	Num	8		Added: Staff ID in Form CAM31
184	CM32_PhysExam	Num	8	11.	CAM32: 1. Was a physical examination done at this visit? - If 'No', stop here./If 'Yes', record below.
185	CM32_HENT	Num	8	11.	CAM32: 2. Head, ears, nose, throat
186	CM32_HENTAb	Char	200	$200.	CAM32: 2. Head, ears, nose, throat - If abnormal, specify
187	CM32_Eyes	Num	8	11.	CAM32: 3. Eyes
188	CM32_EyesAb	Char	200	$200.	CAM32: 3. Eyes - If abnormal, specify
189	CM32_Neck	Num	8	11.	CAM32: 4. Neck (include bruits)
190	CM32_NeckAb	Char	200	$200.	CAM32: 4. Neck (include bruits) - If abnormal, specify
191	CM32_Heart	Num	8	11.	CAM32: 5. Heart
192	CM32_HeartAb	Char	200	$200.	CAM32: 5. Heart - If abnormal, specify
193	CM32_LungResp	Num	8	11.	CAM32: 6. Lungs and respiration
194	CM32_LungRespAb	Char	200	$200.	CAM32: 6. Lungs and respiration - If abnormal, specify
195	CM32_Abdomen	Num	8	11.	CAM32: 7. Abdomen (include bruits)
196	CM32_AbdomenAb	Char	200	$200.	CAM32: 7. Abdomen (include bruits) - If abnormal, specify
197	CM32_Liver	Num	8	11.	CAM32: 8. Liver
198	CM32_LiverAb	Char	200	$200.	CAM32: 8. Liver - If abnormal, specify

Num	Variable	Type	Len	Informat	Label
199	CM32_Msculskltl	Num	8	11.	CAM32: 9. Musculoskeletal
200	CM32_MsculskltlAb	Char	200	$200.	CAM32: 9. Musculoskeletal - If abnormal, specify
201	CM32_Skin	Num	8	11.	CAM32: 10. Skin
202	CM32_SkinAb	Char	200	$200.	CAM32: 10. Skin - If abnormal, specify
203	CM32_Neurolgcl	Num	8	11.	CAM32: 11 .Neurological
204	CM32_NeurolgclAb	Char	200	$200.	CAM32: 11 .Neurological - If abnormal, specify
205	CM32_Urogenital	Num	8	11.	CAM32: 12.Urogenita
206	CM32_UrogenitalAb	Char	200	$200.	CAM32: 12.Urogenita - If abnormal, specify
207	CM32_ProstSize	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (a) Prostate size: gm
208	CM32_Noduls	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (b) Nodules or indurations:
209	CM32_Asymtry	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (c) Asymmetry:
210	CM32_Cncr	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (d) Suspicious for cancer:
211	CM32_Tender	Num	8	11.	CAM32: 13. Digital Rectal Examination (DRE) performed by a physician: (e) Tenderness:
212	CAM32DONE	Num	8		Added: CAM32 Finished flagged as 1
213	cm32_Visdt	Num	8		Added: Visit Date in Form CAM32
214	cm32_staffID	Num	8		Added: Staff ID in Form CAM32
215	CM41_PSADone	Num	8	11.	CAM41: 1. Was a serum PSA sample collected at this visit? - If 'Yes', record date of collection. If 'No', STOP.
216	CM41_PSAShipped	Num	8	11.	CAM41: 2. *Was a serum PSA sample shipped to central lab? - *Does not apply to site# 277
217	CM41_PSAResult	Num	8		CAM41: 4. PSA results from Central Lab: ng/ml - For screening visit 1 , excluded if serum prostate specific antigen level > 10 ng/ml.
218	CAM41DONE	Num	8		Added: CAM41 Finished flagged as 1
219	CM41_PSADt	Num	8		Derived from CAM41 Q1
220	CM41_PSAShipDt	Num	8		Derived from CAM41 Q3
221	cm41_Visdt	Num	8		Added: Visit Date in Form CAM41
222	cm41_StaffID	Num	8		Added: Staff ID in Form CAM41
223	CM42_UroFlow	Num	8	12.	CAM42: 1. Were uroflow measurements done at this visit? - If 'No', stop here. If 'Yes', record below.
224	CM42_VoidTime	Num	8	11.	CAM42: 2. Voiding time: sec
225	CM42_FlowTime	Num	8	11.	CAM42: 3. Flow time: sec
226	CM42_TimeMaxFlow	Num	8	11.	CAM42: 4. Time to maximum flow: sec
227	CM42_PeakFlowRt	Num	8		CAM42: 5. Peak flow rate: ml/sec - For screening visits 1 and 2: Excluded if peak flow rate is less than 4 ml/sec.
228	CM42_MeanFlowRt	Num	8		CAM42: 6. Mean flow rate: ml/sec
229	CM42_VoidVol	Num	8	11.	CAM42: 7. Voided volume: ml - For Screening visits: Excluded if voided volume < 125 ml.
230	CM42_PostVoidRes	Num	8	11.	CAM42: 8. Post-void residual: ml

Num	Variable	Type	Len	Informat	Label
231	CAM42DONE	Num	8		Added: CAM42 Finished flagged as 1
232	cm42_visdt	Num	8		Added: Visit Date in Form CAM42
233	cm42_staff_ID	Num	8		Added: Staff ID in Form CAM42
234	CM45_WBC	Num	8	11.	CAM45: 1. Complete blood count: (a) Leukocyte count (WBC):
235	CM45_RBC	Num	8	11.	CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC):
236	CM45_Hgb	Num	8	11.	CAM45: 1. Complete blood count: (c) Hemoglobin:
237	CM45_Hct	Num	8	11.	CAM45: 1. Complete blood count: (d) Hematocrit:
238	CM45_PltCnt	Num	8	11.	CAM45: 1. Complete blood count: (e) Platelet count:
239	CM45_Ptt	Num	8		CAM45: 2. Prothrombin time: Seconds
240	CM45_PttULN	Num	8		CAM45: 2. Prothrombin time: Upper limit of normal or control value (Seconds)
241	CM45_Sodium	Num	8	11.	CAM45: 3. Serum chemistries: (a) Sodium:
242	CM45_Potasm	Num	8	11.	CAM45: 3. Serum chemistries: (b) Potassium:
243	CM45_Chloride	Num	8	11.	CAM45: 3. Serum chemistries: (c) Chloride:
244	CM45_Bicarb	Num	8	11.	CAM45: 3. Serum chemistries: (d) Bicarbonate:
245	CM45_Glucose	Num	8	11.	CAM45: 3. Serum chemistries: (e) Glucose:
246	CM45_Creat	Num	8	11.	CAM45: 3. Serum chemistries: (f) Creatinine:
247	CM45_SgptVal	Num	8	11.	CAM45: 3. Serum chemistries: (g) ALT (SGPT): IU/L
248	CM45_SgotValue	Num	8	11.	CAM45: 3. Serum chemistries: (h) AST (SGOT): IU/L
249	CM45_GgtVal	Num	8	11.	CAM45: 3. Serum chemistries: (i) GGT: IU/L
250	CM45_WBCVal	Num	8		CAM45: 1. Complete blood count: (a) Leukocyte count (WBC): thou/cmm
251	CM45_RBCVal	Num	8		CAM45: 1. Complete blood count: (b) Erythrocyte count (RBC): mill/cmm
252	CM45_HgbVal	Num	8		CAM45: 1. Complete blood count: (c) Hemoglobin: g/dl
253	CM45_HctVal	Num	8		CAM45: 1. Complete blood count: (d) Hematocrit: %
254	CM45_PltCntVal	Num	8		CAM45: 1. Complete blood count: (e) Platelet count: thou/cmm
255	CM45_INR	Num	8		CAM45: 2. Prothrombin time: INR:
256	CM45_SodiumVal	Num	8		CAM45: 3. Serum chemistries: (a) Sodium: meq/l
257	CM45_PotasmVal	Num	8		CAM45: 3. Serum chemistries: (b) Potassium: meq/l
258	CM45_ChlorideVal	Num	8		CAM45: 3. Serum chemistries: (c) Chloride: meq/l
259	CM45_BicarbVal	Num	8		CAM45: 3. Serum chemistries: (d) Bicarbonate: meq/l
260	CM45_GlucoseVal	Num	8		CAM45: 3. Serum chemistries: (e) Glucose: meq/l
261	CM45_CreatVal	Num	8		CAM45: 3. Serum chemistries: (f) Creatinine: meq/l
262	CM45_Sgpt	Num	8	6.	CAM45: 3. Serum chemistries: (g) ALT (SGPT):
263	CM45_Sgot	Num	8	6.	CAM45: 3. Serum chemistries: (h) AST (SGOT):
264	CM45_Ggt	Num	8	6.	CAM45: 3. Serum chemistries: (i) GGT:
265	CAM45DONE	Num	8		Added: CAM45 Finished flagged as 1
266	cm45_visdt	Num	8		Added: Visit Date in Form CAM45
267	cm45_staff_id	Num	8		Added: Visit Type in Form CAM45

Num	Variable	Type	Len	Informat	Label
268	CM46_PH	Num	8		CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (a) pH:
269	CM46_UGlucose	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (b) Glucose
270	CM46_UBlood	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (c) Blood
271	CM46_UKetone	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (d) Ketones
272	CM46_UProtein	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (e) Protein
273	CM46_ULeuko	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - If 'Yes', record the results below. (2) Dipstick - (f) Leukocyte esterase
274	CM46_UWBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (a) WBC
275	CM46_URBC	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (b) RBC
276	CM46_UEpiCell	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (c) Epithelial cells
277	CM46_UMucous	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (d) Mucous
278	CM46_UBacteria	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (e) Bacteria
279	CM46_UCstHyaln	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (f) Casts hyaline
280	CM46_UCstOthr	Num	8	11.	CAM46: 1. Was an urinalysis done at this visit? - (3) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below. (g) Casts other
281	cm46_visdt	Num	8		Added: Visit Date in Form CAM46
282	CAM46Done	Num	8		Added: CAM46 Finished flagged as 1
283	CM47_SerumDone	Num	8	11.	CAM47: Was a serum sample collected at this visit?
284	CM47_SerumDate	Char	10	$10.	CAM47: (1) Yes - If 'Yes', Date of collection:
285	CM47_SerumMo	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: mm
286	CM47_SerumDy	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: dd
287	CM47_SerumYr	Num	8	11.	CAM47: (1) Yes - If 'Yes', Date of collection: yyyy
288	CM47_SerumNotDone	Num	8	11.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one).
289	CM47_Specify	Char	200	$200.	CAM47: (2) No - If specimens were not obtained for CAMUS, please indicate reason (Check only one). - (3)0ther, specify:
290	CM47_SerumShipped	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository?
291	CM47_SerumShipDate	Char	10	$10.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment:

Num	Variable	Type	Len	Informat	Label
292	CM47_SerumShipMo	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: mm
293	CM47_SerumShipDy	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: dd
294	CM47_SerumShipYr	Num	8	11.	CAM47: Was a serum sample shipped to NIDDK repository? - If 'Yes', record the date of shipment: yyyy
295	cm47_visdt	Num	8		Added: Visit Date in Form CAM47
296	CAM47Done	Num	8		Added: CAM47 Finished flagged as 1
297	CM48_EcgDone	Num	8	6.	CAM48: 1. Was electrocardiogram done at this visit? - If 'No', stop. If 'Yes', record below.
298	CM48_Ecg	Num	8	6.	CAM48: 7 Electrocardiogram:
299	CM48_Ischemia	Num	8	6.	CAM48: 3. Is there evidence of recent MI or Acute Ischemia - If any values are abnormal and clinically significant, complete adverse events form (CAM81).
300	CAM48DONE	Num	8		Added: CAM48 Finished flagged as 1
301	cm48_visdt	Num	8		Added: Visit Date in Form CAM48
302	CM51_TabRetYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules returned at this visit? - If 'Yes', record the number of capsules dispensed below.
303	CM51_TabDispYN	Num	8	11.	CAM51: I. Study drug administrations: Were capsules dispensed at this visit? - If 'Yes', record the number of capsules dispensed below.
304	CM51_RetDispMo	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
305	CM51_RetDispDy	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
306	CM51_RetDispYr	Num	8	11.	CAM51: I. Study drug administrations: Date capsules returned/dispensed
307	CM51_TabRetA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules returned
308	CM51_TabDispA	Num	8	11.	CAM51: I. Study drug administrations: Number of capsules dispensed
309	CM51_InterruptMed	Num	8	11.	CAM51: II. Was study medication temporarily intenupted since last visit?
310	CM51_DaysInterrupt	Num	8	11.	CAM51: II. If yes, for how many days:
311	CM51_TabTkn1A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules taken by participant (Old Version only)
312	CM51_TabTkn2A	Num	8	11.	CAM51: III Participant Compliance Calculation: # of capsules participant should have taken (Old Version only)
313	CM51_ComplianceA	Num	8		CAM51: III Participant Compliance Calculation: %Compliance (Old Version only)
314	CM51_DrugTime	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications. - Time
315	CM51_DrugAmPm	Num	8	11.	CAM51: IV. Complete this section for every 12 week visit only: Record below the time and circle the appropriate number of the day in which the participant typically take his medications - AMPM.
316	CM51_RandNum	Char	6	$6.	CAM51: Med Kit #
317	CAM51Done	Num	8		Added: CAM51 Finished flagged as 1
318	cm51_visdt	Num	8		Added: Visit Date in Form CAM51
319	cm52_visdt	Num	8		Added: Visit Date in Form CAM52
320	CM52_LstDosedt	Num	8		Derived Variable: 1. Date of last dose of study medication:

Num	Variable	Type	Len	Informat	Label
321	CM52_LstDoseMo	Num	8	6.	CAM52: 1. Date of last dose of study medication:
322	CM52_LstDoseDy	Num	8	6.	CAM52: 1. Date of last dose of study medication:
323	CM52_LstDoseYr	Num	8	6.	CAM52: 1. Date of last dose of study medication:
324	CM52_TrtDiscont	Num	8	6.	CAM52: 2. Reason for treatment discontinuation (check one):
325	CM52_OtherSpecify	Char	200	$200.	CAM52: 2. Reason for treatment discontinuation (check one): Other, specify:
326	CM52_ContFup	Num	8	6.	CAM52: 3. Will the participant continue follow-up visits?
327	CAM52DONE	Num	8		Added: CAM52 Finished flagged as 1
328	cm52_EnteredDate	Char	10		CAM52:
329	cm52_CertNum	Char	4		CAM52:
330	CM61_BPHProgAssmnt	Num	8	11.	CAM61: 1. BPH Outcomes: a. Specify the classification of the outcome for the participant below, check only one.
331	CM61_AcuteUrinReten	Num	8	11.	CAM61: 1. Acute urinary retention
332	CM61_EventMoA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: mm
333	CM61_EventDyA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: dd
334	CM61_EventYrA	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 1. Acute urinary retention - Date of last event: yyyy
335	CM61_RecurSymptUTI	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis
336	CM61_EventMoB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: mm
337	CM61_EventDyB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: dd
338	CM61_EventYrB	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 2. Recurrent symptomatic urinary tract infection or urosesis - Date of last event: yyyy
339	CM61_NewIncontnce	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence
340	CM61_EventMoC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: mm
341	CM61_EventDyC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: dd
342	CM61_EventYrC	Num	8	11.	CAM61: 2. Urinary Event Specification: a. Specify the m e of urinary event (check all that apply): 3. New incontinence or progression of minor incontinence - Date of last event: yyyy
343	CM61_TURP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TURP

Num	Variable	Type	Len	Informat	Label
344	CM61_TUIP	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUIP
345	CM61_RadProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Radical prostatectomy
346	CM61_OpenProst	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Open prostatectomy
347	CM61_TUNA	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): TUNA
348	CM61_MicrowavThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Microwave therapy
349	CM61_LaserThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Laser therapy
350	CM61_Stent	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Stent
351	CM61_OthInvThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other invasive therapy
352	CM61_InvThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:
353	CM61_InvThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other invasive therapy:
354	CM61_OthPhytoThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other phytotherapy
355	CM61_PhytoThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
356	CM61_PhytoThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other phytotherapy therapy:
357	CM61_OthMedThrpy	Num	8	11.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Other medical therapy
358	CM61_MedThrpySpec1	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:
359	CM61_MedThrpySpec2	Char	50	$50.	CAM61: 3. Crossover to Invasive or Medical Therapy for BPH or Phytotherapy Specification : a. Specify the invasive or medical therapy for BPH or phytotherapy (check all that apply): Specify other medical therapy:

Num	Variable	Type	Len	Informat	Label
360	CM61_SwitchThrpy	Num	8	11.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one):
361	CM61_SideEffct	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 3. Intolerable side effects - Specify:
362	CM61_Other	Char	50	$50.	CAM61: b. Primary reason given by participant for switching to another therapy for BPH (check one): 4. Other - Specify:
363	CAM61DONE	Num	8		Added: CAM61 Finished flagged as 1
364	cm61_visdt	Num	8		Added: Visit Date in Form CAM61
365	cm61_staff_id	Num	8		Added: Staff ID in Form CAM61
366	NUM	Num	8		
367	CHAR	Char	362		
368	CM62_LstStdyVisMo	Num	8	11.	CAM62: 1. Date of last study visit:
369	CM62_LstStdyVisDy	Num	8	11.	CAM62: 1. Date of last study visit:
370	CM62_LstStdyVisYr	Num	8	11.	CAM62: 1. Date of last study visit:
371	CM62_ReasnTermVis	Num	8	11.	CAM62: 2. Main reason for termination of follow-up visit (circle one):
372	CM62_Explain1	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
373	CM62_Explain2	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
374	CM62_Explain3	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
375	CM62_Explain4	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
376	CM62_Explain5	Char	100	$100.	CAM62: 2. Main reason for termination of follow-up visit (circle one): Brief explanation if (2), (4), (5), (6) or (9) is circled:
377	discntdt	Num	8		
378	CAM62DONE	Num	8		Added: CAM62 Finished flagged as 1
379	cm62_visdt	Num	8		Added: Visit Date in Form CAM62
380	cm62_staff_id	Num	8		Added: Staff ID in Form CAM62
381	CM71_Quest1	Num	8	11.	CAM71: 1. Have trouble falling asleep?
382	CM71_Quest2	Num	8	11.	CAM71: 2. Wake up several times per night?
383	CM71_Quest3	Num	8	11.	CAM71: 3. Have trouble staying asleep(including waking far too early)?
384	CM71_Quest4	Num	8	11.	CAM71: 4. Wake up after your usual amount of sleep feeling tired and worn out?
385	CAM71DONE	Num	8		CAM71: Added: CAM71 Finished flagged as 1
386	cm71_visdt	Num	8		Added: Visit Date in Form CAM71
387	CM72_Quest1	Num	8	11.	CAM72: 1. How often were you able to get an erection during sexual activity?
388	CM72_Quest2	Num	8	11.	CAM72: 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
389	CM72_Quest3	Num	8	11.	CAM72: 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?
390	CM72_Quest4	Num	8	11.	CAM72: 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Num	Variable	Type	Len	Informat	Label
391	CM72_Quest5	Num	8	11.	CAM72: 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
392	CM72_Quest6	Num	8	11.	CAM72: 6. How do you rate your confidence that you could get and keep an erection?
393	CM72_Quest7	Num	8	11.	CAM72: 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
394	CM72_Quest8	Num	8	11.	CAM72: 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
395	CM72_Quest9	Num	8	11.	CAM72: 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
396	CAM72DONE	Num	8		Added: CAM72 Finished flagged as 1
397	cm72_visdt	Num	8		Added: Visit Date in Form CAM72
398	CM73_Quest1	Num	8	11.	CAM73: 1. In the past month, how often have you been able to ejaculate when having sexual activity?
399	CM73_Quest2	Num	8	11.	CAM73: 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
400	CM73_Quest3	Num	8	11.	CAM73: 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...
401	CM73_Quest4	Num	8	11.	CAM73: 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
402	CAM73DONE	Num	8		Added: CAM73 Finished flagged as 1
403	cm73_visdt	Num	8		Added: Visit week in Form CAM73
404	CM74_Quest1	Num	8	11.	CAM74: 1. Did you have to rush to the toilet to urinate?
405	CM74_Quest2	Num	8	11.	CAM74: 2. Did urine leak before you could get to the toilet?
406	CM74_Quest3	Num	8	11.	CAM74: 3. Did urine leak when you coughed or sneezed?
407	CM74_Quest4	Num	8	11.	CAM74: 4. Did you leak for no obvious reason and without feeling that you wanted to go?
408	CM74_Quest5	Num	8	11.	CAM74: 5. Did you leak urine when you were asleep?
409	CM74_Quest6	Num	8	11.	CAM74: 6. Did you have a slight wetting of your pants a few minutes after you had finished urinating?
410	CM74_ICSmaleIS	Num	8	11.	CAM74: To be completed by the study coordinator: ICSmaleIS Score
411	CM74_Quest8	Num	8	6.	CAM74: 7. If you had to spend the rest of your life with your urinary or bladder function just the way it is now, how would you feel about that?
412	CAM74DONE	Num	8		Added: CAM74 Finished flagged as 1
413	cm74_visdt	Num	8		Added: Visit week in Form CAM74
414	CM75_Quest1	Num	8	11.	CAM75: 1. Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
415	CM75_Quest2	Num	8	11.	CAM75: 2. Over the past month, how often have you had to urinate again less than two hours after you finished urinating?
416	CM75_Quest3	Num	8	11.	CAM75: 3. Over the past month, how often have you found you stopped and started again several times when you urinated?
417	CM75_Quest4	Num	8	11.	CAM75: 4. Over the past month, how often have you found it difficult to postpone urination?
418	CM75_Quest5	Num	8	11.	CAM75: 5. Over the past month, how often have you had a weak urinary stream?

Num	Variable	Type	Len	Informat	Label
419	CM75_Quest6	Num	8	11.	CAM75: 6. Over the past month, how often have you had to push or strain to begin urination?
420	CM75_Quest7	Num	8	11.	CAM75: 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
421	CM75_AUASS	Num	8	11.	CAM75: To be completed by the study coordinator: AUASS
422	CM75_Quest8	Num	8	11.	CAM75: 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
423	CM75_Quest9	Num	8	11.	CAM75: 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?
424	CAM75DONE	Num	8		Added: CAM75 Finished flagged as 1
425	cm75_visdt	Num	8		Added: Visit week in Form CAM75
426	cm75_StaffID	Num	8		Added: Staff ID in Form CAM75
427	CM76_Quest1	Num	8	11.	CAM76: 1. Over the past month, how much physical discomfort did any urinary problems cause you?
428	CM76_Quest2	Num	8	11.	CAM76: 2. Over the past month, how much did you wony about your health because of any urinary problems?
429	CM76_Quest3	Num	8	11.	CAM76: 3. Overall, how bothersome has any trouble with urination been during the past month?
430	CM76_Quest4	Num	8	11.	CAM76: 4. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?
431	CM76_BPHImpScre	Num	8	11.	CAM76: 5. To be completed by the study coordinator: BPH Impact Index Score = (Total of items 1-4.)
432	CM76_Quest6	Num	8	6.	CAM76: 6. Compared to the beginning of the study, how do you feel about your urination now?
433	CAM76DONE	Num	8		Added: CAM76 Finished flagged as 1
434	cm76_visdt	Num	8		Added: Visit week in Form CAM76
435	cm76_StaffID	Num	8		Added: Staff ID in Form CAM76
436	CM77_Quest1	Num	8	11.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now?
437	CM77_Quest2	Num	8	11.	CAM77: 2. How satisfied or dissatisfied are you with any urinary symptoms you have now?
438	CM77_Quest3	Num	8	11.	CAM77: 3. Compared to the beginning of the study, how are your urinary incontinence symptoms now?
439	CM77_Quest4	Num	8	11.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now?
440	CM77_Quest1u	Num	8	6.	CAM77: 1. Compared to the beginning of the study, how are your urinary symptoms now? <12/04/2008>
441	CM77_Quest2u	Num	8	6.	CAM77: 2. Compared to the beginning of the study, how are your urinary incontinence symptoms now? <12/04/2008>
442	CM77_Quest3u	Num	8	6.	CAM77: 3. How satisfied or dissatisfied are you with any urinary symptoms you have now? <12/04/2008>
443	CM77_Quest4u	Num	8	6.	CAM77: 4. How satisfied or dissatisfied are you with any urinary incontinence symptoms you have now? <12/04/2008>
444	CAM77DONE	Num	8		Added: CAM77 Finished flagged as 1

Num	Variable	Type	Len	Informat	Label
445	cm77_Visdt	Num	8		Added: Visit week in Form CAM77
446	CM78_Quest1A	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (a) Area between rectum and testicles (perineum)?
447	CM78_Quest1B	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (b) Testicles?
448	CM78_Quest1C	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (c) Tip of the penis (not related to urination)?
449	CM78_Quest1D	Num	8	11.	CAM78: 1. In the past week, have you experienced any pain or discomfort in the following areas? (d) Below your waist in your pubic or bladder area?
450	CM78_Quest2A	Num	8	11.	CAM78: 2. In the past week, have you experienced: (a) Pain or burning during urination?
451	CM78_Quest2B	Num	8	11.	CAM78: 2. In the past week, have you experienced: (b) Pain or discomfort during or after sexual climax (ejaculation)?
452	CM78_Quest3	Num	8	11.	CAM78: 3. How often have you had pain or discomfort in any of these areas over the last week?
453	CM78_Quest4	Num	8	11.	CAM78: 4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?
454	CM78_Quest5	Num	8	11.	CAM78: 5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?
455	CM78_Quest6	Num	8	11.	CAM78: 6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?
456	CM78_Quest7	Num	8	11.	CAM78: 7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?
457	CM78_Quest8	Num	8	11.	CAM78: 8. How much did you think about your symptoms, over the last week?
458	CM78_Quest9	Num	8	11.	CAM78: 9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?
459	CAM78DONE	Num	8		Added: CAM78 Finished flagged as 1
460	cm78_Visdt	Num	8		Added: Visit week in Form CAM78
461	CM79_Quest1	Num	8	11.	CAM79: 1. What is your best guess about what treatment you are getting as part of the CAMUS study?
462	CAM79DONE	Num	8		Added: Visit week in Form CAM79
463	cm79_visdt	Num	8		Added: Visit week in Form CAM79
464	CM91_DthStatus	Num	8	11.	CAM91: 1. Status at time of death
465	CM91_DeathMo	Num	8	11.	CAM91: 2. Date of death : mm
466	CM91_DeathDy	Num	8	11.	CAM91: 2. Date of death : dd
467	CM91_DeathYr	Num	8	11.	CAM91: 2. Date of death : yyyy
468	CM91_LstProtTrtMo	Num	8	11.	CAM91: 3. Date of last protocol treatment : mm
469	CM91_LstProtTrtDy	Num	8	11.	CAM91: 3. Date of last protocol treatment : dd
470	CM91_LstProtTrtYr	Num	8	11.	CAM91: 3. Date of last protocol treatment : yyyy
471	CM91_PrimCause1	Char	50	$50.	CAM91: 4. Primary cause of death:
472	CM91_PrimCause2	Char	50	$50.	CAM91: 4. Primary cause of death:
473	CM91_ContrCause1	Char	50	$50.	CAM91: 5. Contributing cause of death:
474	CM91_ContrCause2	Char	50	$50.	CAM91: 5. Contributing cause of death:

Num	Variable	Type	Len	Informat	Label
475	CAm91DONE	Num	8		Added: CAM91 Finished flagged as 1
476	cm91_visdt	Num	8		Added: Visit week in Form CAM91
477	cm91_staff_id	Num	8		Added: Staff ID in Form CAM91
478	CM92_MissVisMo	Num	8	11.	CAM92: 1. Date of missed visit: mm
479	CM92_MissVisDy	Num	8	11.	CAM92: 1. Date of missed visit: dd
480	CM92_MissVisYr	Num	8	11.	CAM92: 1. Date of missed visit: yyyy
481	CM92_MissVisType	Num	8	11.	CAM92: 2. Type of missed visit:
482	CM92_MissReasnA	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): a. Participant forgot
483	CM92_MissReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in
484	CM92_ReasnB	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): b. Participant felt too sick to come in (1) or (2)
485	CM92_SpecifyB1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
486	CM92_SpecifyB2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
487	CM92_MissReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized
488	CM92_ReasnC	Num	8	11.	CAM92: 3. Reason for missed visit (check all that apply): c. Participant hospitalized (1) or (2)
489	CM92_SpecifyC1	Char	50	$50.	CAM92: (1) Adverse event related to study drug, Specify:
490	CM92_SpecifyC2	Char	50	$50.	CAM92: (2) Problems related to disease, Specify:
491	CM92_MissReasnD	Num	8	11.	CAM92: d. Participant could not get off work
492	CM92_MissReasnE	Num	8	11.	CAM92: e. Participant unable to obtain dependent care
493	CM92_MissReasnF	Num	8	11.	CAM92: f. Participant had transportation problems
494	CM92_MissReasnG	Num	8	11.	CAM92: g. Participant unhappy with frequency of visits
495	CM92_MissReasnH	Num	8	11.	CAM92: h. Scheduling conflict
496	CM92_MissReasnI	Num	8	11.	CAM92: i. Participant had decided to discontinue study
497	CM92_MissReasnJ	Num	8	11.	CAM92: j. Other
498	CM92_SpecifyJ	Char	50	$50.	CAM92: j. Other - Specify:
499	CM92_Resolutn4A	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit.
500	CM92_SchedVisMo	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: mm
501	CM92_SchedVisDy	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: dd
502	CM92_SchedVisYr	Num	8	11.	CAM92: 4. Resolution (check all that apply): a. Next visit scheduled. Items missed will be made up at the new visit. Date of next scheduled visit: yyyy
503	CM92_Resolutn4B	Num	8	11.	CAM92: 4. Resolution (check all that apply): b. Discontinued study
504	CM92_Resolutn4C	Num	8	11.	CAM92: 4. Resolution (check all that apply): c. Adverse event reported (fill out AE form CAM81)
505	CAm92DONE	Num	8		Added: CAM92 Finished flagged as 1
506	cm92_visdt	Num	8		Added: Visit week in Form CAM92
507	cm92_staff_id	Num	8		Added: Staff ID in Form CAM92

Num	Variable	Type	Len	Informat	Label
508	CM93_AbnPhysExm	Num	8	11.	CAM93: a. Abnormal physical examination
509	CM93_AbnLabs	Num	8	11.	CAM93: b. Abnormal lab results
510	CM93_LabND	Num	8	11.	CAM93: c. Required lab not done
511	CM93_TrtNonCompl	Num	8	11.	CAM93: d. Treatment non-compliance
512	CM93_AdvEvent	Num	8	11.	CAM93: e. Adverse events
513	CM93_InactveFup	Num	8	11.	CAM93: f. Inactive follow-up
514	CM93_MissedVis	Num	8	11.	CAM93: g. Missed required clinical visits
515	CM93_Other	Num	8	11.	CAM93: h. Other reason
516	CM93_OtherSpec	Char	100	$100.	CAM93: h. Other reason - Specify:
517	CM93_Comment1	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
518	CM93_Comment2	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
519	CM93_Comment3	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
520	CM93_Comment4	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
521	CM93_Comment5	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
522	CM93_Comment6	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
523	CM93_Comment7	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
524	CM93_Comment8	Char	200	$200.	CAM93: 2. Record all the relevant dates of action and comments, keep legible.
525	CAm93DONE	Num	8		Added: CAM93 Finished flagged as 1
526	cm93_visdt	Num	8		Added: Visit week in Form CAM93
527	cm93_staff_id	Num	8		Added: Staff ID in Form CAM93
528	CM94_AcuteUrinReten	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): a. Acute urinary retention (Complete form CAM61)
529	CM94_RecurSymptUTI	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): b. Recurrent symptomatic urinary tract infection or urosepsis (Complete form CAM61)
530	CM94_NewIncontnce	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): c. Incontinence event (Complete form CAM61)
531	CM94_AdverseEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): d. Adverse event (Complete form CAM81)
532	CM94_DispenseMed	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): e. Dispense medication (Complete form CAM51)
533	CM94_IIllnessEvnt	Num	8	11.	CAM94: 1. Reason for the interim visit (check all that apply): f. Intercurrent illness event (Complete Question 2 of this form)
534	CM94_IntercurIll1	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
535	CM94_IntercurIll2	Char	200	$200.	CAM94: 2. Intercurrent illness event: a. Specify the intercurrent illness:
536	CM94_SeriousEvnt	Num	8	11.	CAM94: 2. Intercurrent illness event: b. Is this a serious event ?

Num	Variable	Type	Len	Informat	Label
537	CM94_ActnTkn1	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
538	CM94_ActnTkn2	Char	200	$200.	CAM94: 2. Intercurrent illness event: c. Specify action taken for the intercurrent illness:
539	CM94_EvntDecl	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ?
540	CM94_ConfMo	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
541	CM94_ConfDy	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
542	CM94_ConfYr	Num	8	11.	CAM94: 2. Intercurrent illness event: d. Intercurrent illness event declared ? - If 'Yes', date of confirmation by clinical review committee:
543	CM94_PostVoidRes	Num	8	6.	CAM94:
544	CM94_Other	Num	8	6.	CAM94:
545	CM94_OTHSPECIFY	Char	200	$200.	CAM94:
546	CAm94DONE	Num	8		Added: CAM94 Finished flagged as 1
547	cm94_visdt	Num	8		Added: Visit week in Form CAM94
548	cm94_staff_id	Num	8		Added: Staff ID in Form CAM94
549	CM95_StudySite	Num	8	11.	CAM95: Study Site:
550	CM95_SiteFaxNo	Char	13	$13.	CAM95: Site Fax Number:
551	CM95_SiteContact	Char	50	$50.	CAM95: Site Contact:
552	CM95_SiteInv	Char	50	$50.	CAM95: Specific Site Investigator:
553	CM95_RequestMo	Num	8	11.	CAM95: Date of request: mm
554	CM95_RequestDy	Num	8	11.	CAM95: Date of request: dd
555	CM95_RequestYr	Num	8	11.	CAM95: Date of request: yyyy
556	CM95_BirthYr	Num	8	11.	CAM95: Participant's Birth Year: yyyy
557	CM95_ExemptDesc	Num	8	11.	CAM95: Protocol Exemption Description (check one):
558	CM95_Criterion1	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
559	CM95_Criterion2	Num	8	11.	CAM95: Protocol Exemption Description (check one): (1) Inclusion/Exclusion criteria If yes, specify criterion #(s) on CAM01 form:
560	CM95_OthSpec	Char	50	$50.	CAM95: Protocol Exemption Description (check one): (3) Other - Specify:
561	CM95_ExemptDetail1	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
562	CM95_ExemptDetail2	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
563	CM95_ExemptDetail3	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
564	CM95_ExemptDetail4	Char	200	$200.	CAM95: Protocol Exemption Details: Please keep legible and brief.
565	CM95_Decision	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (2) Denied
566	CM95_ExemptNo	Num	8	11.	CAM95: Decision by the Chairman of the Clinical Review Committee (check one): (1) Approved - If approved, exemption number:
567	CM95_Comment1	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
568	CM95_Comment2	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:
569	CM95_Comment3	Char	200	$200.	CAM95: Comments from the Chairman of the Clinical Review Committee:

Num	Variable	Type	Len	Informat	Label
570	CAm95DONE	Num	8		Added: CAM95 Finished flagged as 1
571	cm95_visdt	Num	8		Added: Visit week in Form CAM95
572	cm95_staff_id	Num	8		Added: Staff ID in Form CAM95
573	CM96_OldClinNo	Num	8	11.	CAM96: A. Participant Identification - 1. Current clinic number:
574	CM96_RandNum	Char	6	$6.	CAM96: A. Participant Identification - 2. Medication ID:
575	CM96_DOBDate	Char	10	$10.	CAM96: A. Participant Identification - 3. Participant's year of birth:
576	CM96_DOBMo	Num	8	11.	CAM96: A. Participant Identification - 3. Participant's year of birth: mm
577	CM96_DOBDy	Num	8	11.	CAM96: A. Participant Identification - 3. Participant's year of birth: dd
578	CM96_DOBYr	Num	8	11.	CAM96: A. Participant Identification - 3. Participant's year of birth: yyyy
579	CM96_LstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic
580	CM96_LstVisMo	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: mm
581	CM96_LstVisDy	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: dd
582	CM96_LstVisYr	Num	8	11.	CAM96: A. Participant Identification - 4. Date of last visit at current clinic: yyyy
583	CM96_FstVisDate	Char	10	$10.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic:
584	CM96_FstVisMo	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: mm
585	CM96_FstVisDy	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: dd
586	CM96_FstVisYr	Num	8	11.	CAM96: A. Participant Identification - 5. Date of first expected visit at new clinic: yyyy
587	CM96_NewClinNo	Num	8	11.	CAM96: A. Participant Identification - 6. New clinic number:
588	CM96_Check1	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 1. Notify the coordinator at the New Clinic
589	CM96_Check2	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 2. Copy all CRFs and information in the patient binder
590	CM96_Check3	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 3. Copy all source documentation
591	CM96_Check4	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 4. Send copies to the New Clinic
592	CM96_Check5	Num	8	11.	CAM96: A. Participant Identification - 7. Complete the following checklist: - 5. Send any undispensed medication to the New Clinic
593	CM96_CmpFormInit	Char	3	$3.	CAM96: A. Participant Identification - 7. Complete the following checklist: Initials of person completing form :
594	CM96_Task1	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Check if done
595	CM96_Task1Mo	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - mm
596	CM96_Task1Dy	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - dd
597	CM96_Task1Yr	Num	8	11.	CAM96: B. Administrative Information - Form entered in the web data entry system - Date - yyyy

Num	Variable	Type	Len	Informat	Label
598	CM96_Task2	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Check if done
599	CM96_Task2Mo	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - mm
600	CM96_Task2Dy	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - dd
601	CM96_Task2Yr	Num	8	11.	CAM96: B. Administrative Information - Web data entry system changed - Date - yyyy
602	CM96_Task3	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Check if done
603	CM96_Task3Mo	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - mm
604	CM96_Task3Dy	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - dd
605	CM96_Task3Yr	Num	8	11.	CAM96: B. Administrative Information - Drug distribution center notified - Date - yyyy
606	CM96_Task4	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Check if done
607	CM96_Task4Mo	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - mm
608	CM96_Task4Dy	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - dd
609	CM96_Task4Yr	Num	8	11.	CAM96: B. Administrative Information - Clinics notified - Date - yyyy
610	CAm96DONE	Num	8		Added: CAM96 Finished flagged as 1
611	cm96_visdt	Num	8		Added: Visit week in Form CAM96
612	cm96_staff_id	Num	8		Added: Staff ID in Form CAM96
613	DateWk72MO	Num	8		CAM97:
614	DateWk72DY	Num	8		CAM97:
615	DateWk72YR	Num	8		CAM97:
616	ONStudyDRUG	Num	8		CAM97:
617	WEEK_DISC	Num	8		CAM97:
618	CONTACT_MADE	Num	8		CAM97:
619	ContactMo	Num	8		CAM97:
620	ContactDY	Num	8		CAM97:
621	ContactYR	Num	8		CAM97:
622	LabReport	Num	8		CAM97:
623	CM97_WBC	Num	8	6.	CAM97:
624	CM97_RBC	Num	8	6.	CAM97:
625	CM97_Hgb	Num	8	6.	CAM97:
626	CM97_Hct	Num	8	6.	CAM97:
627	CM97_PltCnt	Num	8	6.	CAM97:
628	CM97_WBC_res	Num	8	6.	CAM97:
629	CM97_RBC_res	Num	8	6.	CAM97:
630	CM97_Hgb_res	Num	8	6.	CAM97:

Num	Variable	Type	Len	Informat	Label
631	CM97_Hct_res	Num	8	6.	CAM97:
632	CM97_PltCnt_res	Num	8	6.	CAM97:
633	CM97_WBC_resm	Num	8	6.	CAM97:
634	CM97_WBC_resd	Num	8	6.	CAM97:
635	CM97_WBC_resy	Num	8	6.	CAM97:
636	CM97_RBC_resm	Num	8	6.	CAM97:
637	CM97_RBC_resd	Num	8	6.	CAM97:
638	CM97_RBC_resy	Num	8	6.	CAM97:
639	CM97_Hgb_resm	Num	8	6.	CAM97:
640	CM97_Hgb_resd	Num	8	6.	CAM97:
641	CM97_Hgb_resy	Num	8	6.	CAM97:
642	CM97_Hct_resm	Num	8	6.	CAM97:
643	CM97_Hct_resd	Num	8	6.	CAM97:
644	CM97_Hct_resy	Num	8	6.	CAM97:
645	CM97_PltCnt_resm	Num	8	6.	CAM97:
646	CM97_PltCnt_resd	Num	8	6.	CAM97:
647	CM97_PltCnt_resy	Num	8	6.	CAM97:
648	CM97_WBC_rela	Num	8	6.	CAM97:
649	CM97_RBC_rela	Num	8	6.	CAM97:
650	CM97_Hgb_rela	Num	8	6.	CAM97:
651	CM97_Hct_rela	Num	8	6.	CAM97:
652	CM97_PltCnt_rela	Num	8	6.	CAM97:
653	CM97_Sodium	Num	8	6.	CAM97:
654	CM97_Potasm	Num	8	6.	CAM97:
655	CM97_Chloride	Num	8	6.	CAM97:
656	CM97_Bicarb	Num	8	6.	CAM97:
657	CM97_Glucose	Num	8	6.	CAM97:
658	CM97_Creat	Num	8	6.	CAM97:
659	CM97_SGPTVal	Num	8	6.	CAM97:
660	CM97_SGOTVal	Num	8	6.	CAM97:
661	CM97_GGT	Num	8	6.	CAM97:
662	CM97_ElectroCar	Num	8	6.	CAM97:
663	CM97_Sodium_res	Num	8	6.	CAM97:
664	CM97_Potasm_res	Num	8	6.	CAM97:
665	CM97_Chloride_res	Num	8	6.	CAM97:
666	CM97_Bicarb_res	Num	8	6.	CAM97:
667	CM97_Glucose_res	Num	8	6.	CAM97:
668	CM97_Creat_res	Num	8	6.	CAM97:
669	CM97_SGPTVal_res	Num	8	6.	CAM97:

Num	Variable	Type	Len	Informat	Label
670	CM97_SGOTVal_res	Num	8	6.	CAM97:
671	CM97_GGT_res	Num	8	6.	CAM97:
672	CM97_ElectroCar_res	Num	8	6.	CAM97:
673	CM97_Sodium_resm	Num	8	6.	CAM97:
674	CM97_Potasm_resm	Num	8	6.	CAM97:
675	CM97_Chloride_resm	Num	8	6.	CAM97:
676	CM97_Bicarb_resm	Num	8	6.	CAM97:
677	CM97_Glucose_resm	Num	8	6.	CAM97:
678	CM97_Creat_resm	Num	8	6.	CAM97:
679	CM97_SGPTVal_resm	Num	8	6.	CAM97:
680	CM97_SGOTVal_resm	Num	8	6.	CAM97:
681	CM97_GGT_resm	Num	8	6.	CAM97:
682	CM97_ElectroCar_resm	Num	8	6.	CAM97:
683	CM97_Sodium_resd	Num	8	6.	CAM97:
684	CM97_Potasm_resd	Num	8	6.	CAM97:
685	CM97_Chloride_resd	Num	8	6.	CAM97:
686	CM97_Bicarb_resd	Num	8	6.	CAM97:
687	CM97_Glucose_resd	Num	8	6.	CAM97:
688	CM97_Creat_resd	Num	8	6.	CAM97:
689	CM97_SGPTVal_resd	Num	8	6.	CAM97:
690	CM97_SGOTVal_resd	Num	8	6.	CAM97:
691	CM97_GGT_resd	Num	8	6.	CAM97:
692	CM97_ElectroCar_resd	Num	8	6.	CAM97:
693	CM97_Sodium_resy	Num	8	6.	CAM97:
694	CM97_Potasm_resy	Num	8	6.	CAM97:
695	CM97_Chloride_resy	Num	8	6.	CAM97:
696	CM97_Bicarb_resy	Num	8	6.	CAM97:
697	CM97_Glucose_resy	Num	8	6.	CAM97:
698	CM97_Creat_resy	Num	8	6.	CAM97:
699	CM97_SGPTVal_resy	Num	8	6.	CAM97:
700	CM97_SGOTVal_resy	Num	8	6.	CAM97:
701	CM97_GGT_resy	Num	8	6.	CAM97:
702	CM97_ElectroCar_resy	Num	8	6.	CAM97:
703	CM97_Sodium_rela	Num	8	6.	CAM97:
704	CM97_Potasm_rela	Num	8	6.	CAM97:
705	CM97_Chloride_rela	Num	8	6.	CAM97:
706	CM97_Bicarb_rela	Num	8	6.	CAM97:
707	CM97_Glucose_rela	Num	8	6.	CAM97:
708	CM97_Creat_rela	Num	8	6.	CAM97:

Num	Variable	Type	Len	Informat	Label
709	CM97_SGPTVal_rela	Num	8	6.	CAM97:
710	CM97_SGOTVal_rela	Num	8	6.	CAM97:
711	CM97_GGT_rela	Num	8	6.	CAM97:
712	CM97_ElectroCar_rela	Num	8	6.	CAM97:
713	SERUMCOL	Num	8		CAM97:
714	PSARESULT	Num	8		CAM97:
715	URINALYSIS	Num	8		CAM97:
716	URI_PH	Num	8		CAM97:
717	URI_GLUCOSE	Num	8		CAM97:
718	URI_Blood	Num	8		CAM97:
719	URI_Ketones	Num	8		CAM97:
720	URI_Protein	Num	8		CAM97:
721	URI_LEUKO	Num	8		CAM97:
722	AESAE	Num	8		CAM97:
723	CAM97DONE	Num	8		CAM97:
724	cm97_visdt	Num	8		CAM97:
725	cm97_staff_id	Num	8		CAM97:
726	CM102_StartDate	Char	10	$10.	CAM102: Date
727	CM102_Age	Num	8	11.	CAM102: Age
728	CM102_bRace1	Num	8	11.	CAM102: Race (Check all that apply) - American Indian or Alaska Native
729	CM102_bRace2	Num	8	11.	CAM102: Race (Check all that apply) - Asian
730	CM102_bRace3	Num	8	11.	CAM102: Race (Check all that apply) - Native Hawaiian or Other Pacific Islander
731	CM102_bRace4	Num	8	11.	CAM102: Race (Check all that apply) - Black orAfrican-American
732	CM102_bRace5	Num	8	11.	CAM102: Race (Check all that apply) - White
733	CM102_bRace6	Num	8	11.	CAM102: Race (Check all that apply) - Unknown or Not Reported
734	CM102_aRace	Num	8	11.	CAM102: Ethnicity (Hispanic or Latino)
735	CM102_ScrnOutcome	Num	8	11.	CAM102: Screening Outcome
736	Ineligible_Spec	Char	200	$200.	CAM102: Screening Outcome - (3) Ineligible - If not eligible, specify
737	CM102_Randomized	Num	8	11.	CAM102: Randomized (SV2 only)
738	CM102_RandNum	Char	6	$6.	CAM102: If, available, please provide the Med Kit # assigned (SV2 only)
739	CM102_StopDate	Char	10	$10.	CAM102: Date (SV2 only)
740	CAM102DONE	Num	8		Added: CAM102 Finished flagged as 1
741	cm102_StaffID	Num	8		Added: Staff ID in Form CAM102
742	cm102_PID	Char	7		CAM102: PID # Assigned (SV2 only)
743	CM104_RandNum	Char	6	$6.	CAM104: Med Kit #
744	Date1	Char	30	$30.	CAM104: Date <Visit Number 1>
745	Study1	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 1>

Num	Variable	Type	Len	Informat	Label
746	Comment1	Char	30	$30.	CAM104: Comment <Visit Number 1>
747	Monitor1	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 1>
748	Date2	Char	30	$30.	CAM104: Date <Visit Number 2>
749	Study2	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 2>
750	Comment2	Char	30	$30.	CAM104: Comment <Visit Number 2>
751	Monitor2	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 2>
752	Date3	Char	30	$30.	CAM104: Date <Visit Number 3>
753	Study3	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 3>
754	Comment3	Char	30	$30.	CAM104: Comment <Visit Number 3>
755	Monitor3	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 3>
756	Date4	Char	30	$30.	CAM104: Date <Visit Number 4>
757	Study4	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 4>
758	Comment4	Char	30	$30.	CAM104: Comment <Visit Number 4>
759	Monitor4	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 4>
760	Date12	Char	30	$30.	CAM104: Date <Visit Number 12>
761	Study12	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 12>
762	Comment12	Char	30	$30.	CAM104: Comment <Visit Number 12>
763	Monitor12	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 12>
764	Date24	Char	30	$30.	CAM104: Date <Visit Number 24>
765	Study24	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 24>
766	Comment24	Char	30	$30.	CAM104: Comment <Visit Number 24>
767	Monitor24	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 24>
768	Date28	Char	30	$30.	CAM104: Date <Visit Number 28>
769	Study28	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 28>
770	Comment28	Char	30	$30.	CAM104: Comment <Visit Number 28>
771	Monitor28	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 28>
772	Date36	Char	30	$30.	CAM104: Date <Visit Number 36>
773	Study36	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 36>
774	Comment36	Char	30	$30.	CAM104: Comment <Visit Number 36>
775	Monitor36	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 36>
776	Date48	Char	30	$30.	CAM104: Date <Visit Number 48>
777	Study48	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 48>
778	Comment48	Char	30	$30.	CAM104: Comment <Visit Number 48>

Num	Variable	Type	Len	Informat	Label
779	Monitor48	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 48>
780	Date52	Char	30	$30.	CAM104: Date <Visit Number 52>
781	Study52	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 52>
782	Comment52	Char	30	$30.	CAM104: Comment <Visit Number 52>
783	Monitor52	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 52>
784	Date60	Char	30	$30.	CAM104: Date <Visit Number 60>
785	Study60	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 60>
786	Comment60	Char	30	$30.	CAM104: Comment <Visit Number 60>
787	Monitor60	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 60>
788	Date72	Char	30	$30.	CAM104: Date <Visit Number 72>
789	Study72	Char	30	$30.	CAM104: Study Drug administration (Saw palmetto or placebo) <Visit Number 72>
790	Comment72	Char	30	$30.	CAM104: Comment <Visit Number 72>
791	Monitor72	Char	30	$30.	CAM104: Monitor verification Initials/Date <Visit Number 72>
792	cm104_StaffID	Num	8		Added: Staff ID in Form CAM104
793	CAM104Done	Num	8		Added: CAM104 Finished flagged as 1
794	cm72_QuestN1	Num	8		Derived Variable: Recode cm72_Quest1 by subtracting 1 from the raw score. - 1. How often were you able to get an erection during sexual activity?
795	CM72_QuestN2	Num	8		Derived Variable: Recode cm72_Quest2 by subtracting 1 from the raw score. - 2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
796	CM72_QuestN3	Num	8		Derived Variable: Recode cm72_Quest3 by subtracting 1 from the raw score. - 3. When you attempted sexual intercourse, how often were you able to penetrate your partner?
797	CM72_QuestN4	Num	8		Derived Variable: Recode cm72_Quest4 by subtracting 1 from the raw score. - 4. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
798	CM72_QuestN5	Num	8		Derived Variable: Recode cm72_Quest5 by subtracting 1 from the raw score. - 5. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
799	CM72_QuestN6	Num	8		Derived Variable: Same as cm72_Quest6. - 6. How do you rate your confidence that you could get and keep an erection?
800	CM72_QuestN7	Num	8		Derived Variable: Recode cm72_Quest7 by subtracting 1 from the raw score. - 7. When you had sexual stimulation or intercourse, how often did you ejaculate?
801	CM72_QuestN8	Num	8		Derived Variable: Recode cm72_Quest8 by subtracting 1 from the raw score. - 8. When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
802	CM72_QuestN9	Num	8		Derived Variable: Same as cm72_Quest9. - 9. If you have to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that?
803	CM73_QuestN1	Num	8		Derived Variable: Recode cm73_Quest1 from 1 - 6 to 5 - 0 as cm73_QuestN1. - 1. In the past month, how often have you been able to ejaculate when having sexual activity?

Num	Variable	Type	Len	Informat	Label
804	CM73_QuestN2	Num	8		Derived Variable: Recode cm73_Quest2 from 1 - 6 to 5 - 0 as cm73_QuestN2. - 2. In the past month, how would you rate the strength or force of your ejaculation? Would you say it is ...
805	CM73_QuestN3	Num	8		Derived Variable: Recode cm73_Quest3 from 1 - 6 to 5 - 0 as cm73_QuestN3. - 3. In the past month, how would you rate the amount or volume of semen when you ejaculate? Would you say it is ...
806	CM73_QuestN4	Num	8		Derived Variable: Same as cm73_Quest4. - 4. In the past month, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?
807	Noc	Num	8		Derived Variable: EQ to cm75_Quest7 - 7. Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?
808	QOL	Num	8		Derived Variable: EQ to cm75_Quest8 - 1 - 8. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?
809	UI	Num	8		Derived Variable: EQ to cm75_Quest9 - 9. Over the past month, how often when you felt the urge to urinate, did you leak urine before you could get to the toilet?