	Participant ID: _____	Pin #: _____
	Discovery Site: _____	Clinical Center: _____
	CRF Date: ____/____/____	Visit #: _____

**Physical Exam**

MAPP Clinician completes at the **Screening Week 0** Contact in combination with ***Pelvic Exam procedures.***

1. Height:
  - a. Feet \_\_\_\_\_
  - b. Inches \_\_\_\_\_
2. Weight: \_\_\_\_\_ lbs.
3. Umbilical waist circumference: \_\_\_\_\_ cm.
4. Blood Pressure:
  - a. Systolic (mmHg) \_\_\_\_\_
  - b. Diastolic (mmHg) \_\_\_\_\_
5. Abdominal exam: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable
  - a. If **Abnormal** please specify: \_\_\_\_\_

**Pelvic Exam:**

6. External Genitalia: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable
  - a. If **Abnormal** please specify: \_\_\_\_\_

**Pelvic Exam procedures: Please proceed to *Pelvic Exam* form *before* completing further physical exam procedures.**

7. Were pelvic exam procedures completed ***before*** physical exam procedures below? <sub>1</sub> Yes <sub>0</sub> No
 

If **No**, please confirm why pelvic exam procedures were not completed:

  - a. Participant declined pelvic exam procedures <sub>1</sub> Yes <sub>0</sub> No
  - b. Certified clinician not available for pelvic exam procedures at this visit (**Please see MOP for contingency pelvic exam details**) <sub>1</sub> Yes <sub>0</sub> No
  - c. Other (please specify): \_\_\_\_\_ <sub>1</sub> Yes <sub>0</sub> No


8. Rectal / Bimanual exam: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable

**Men only (Check N/A for women)**

9. Penis Circumcised <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
10. Prostate
  - a. Enlarged <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
  - b. Irregular <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
  - c. Tender <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable

**Post-prostate massage urine specimen collection (VB3):**

11. VB3 specimen obtained <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
12. Scrotal exam
  - a. Varicocele <sub>1</sub> Present <sub>0</sub> Absent <sub>99</sub> Not Applicable
  - b. Hydrocele <sub>1</sub> Present <sub>0</sub> Absent <sub>99</sub> Not Applicable
  - c. Mass of testis/epididymis <sub>1</sub> Present <sub>0</sub> Absent <sub>99</sub> Not Applicable
  - d. Hernia <sub>1</sub> Present <sub>0</sub> Absent <sub>99</sub> Not Applicable

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

**Physical Exam**

MAPP Clinician completes at the **Screening Week 0** Contact in combination with ***Pelvic Exam procedures.***

**Women only (Check N/A for males)**

- 13. Uterus present? (If **YES**, please answer 13a.)
  - a. If present
    - 13a. Uterus present, no vaginal points beyond the hymen
      - <sub>1</sub> Yes    <sub>0</sub> No    <sub>99</sub> Not Applicable
      - <sub>1</sub> Normal    <sub>0</sub> Abnormal
    - 13b. Uterus present, at least one vaginal point beyond the hymen
      - <sub>1</sub> Yes    <sub>0</sub> No    <sub>99</sub> Not Applicable
- 13c. Labial/vulvar pain
  - <sub>1</sub> Yes    <sub>0</sub> No    <sub>99</sub> Not Applicable
- 13d. Abnormal vaginal discharge
  - <sub>1</sub> Yes    <sub>0</sub> No    <sub>99</sub> Not Applicable
- 15. MAPP Clinician or RC ID
  - \_\_\_\_ \_ (4-digit ID)