

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

### Physical Exam

Principal Investigator or Research Coordinator completes at Baseline Contact and at Six-Month and/or Twelve-Month Contacts as needed.

1. Height:
  - a. Feet \_\_\_\_\_
  - b. Inches \_\_\_\_\_
2. Weight: \_\_\_\_\_ lbs.
3. Blood Pressure:
  - a. Systolic (mmHg) \_\_\_\_\_
  - b. Diastolic (mmHg) \_\_\_\_\_

**Please note:** The following questions (Q.#s 4 – 14) are for **Epidemiology and Phenotyping Participants ONLY**.  
 Please record "99-NA" for Q.#s 4 – 14 for **Healthy Controls** and **Positive Controls**.\*

\* If a male Control Participant chooses to provide the optional VB3 specimen, please be sure the rectal exam (Q.#6) and the prostate exam (Q.#s 10a – 10c) are performed.

4. Abdominal exam: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable

**Pelvic Exam:**

5. External Genitalia: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable
  - a. If **Abnormal** please specify: \_\_\_\_\_
6. Rectal / Bimanual exam: <sub>1</sub> Normal <sub>0</sub> Abnormal <sub>99</sub> Not Applicable
7. Pelvic floor musculature tenderness <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable

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

8. Suprapubic Tenderness <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
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

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

13. Uterus present? (If **YES**, please answer 13a.) <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
  - a. If present <sub>1</sub> Normal <sub>0</sub> Abnormal
14. Pelvic organ support
  - a. Prolapse present, no vaginal points beyond the hymen <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
  - b. Prolapse present, at least one vaginal point beyond the hymen <sub>1</sub> Yes <sub>0</sub> No <sub>99</sub> Not Applicable
15. Principal Investigator or RC ID \_\_\_\_\_ (4-digit ID)