

**MIST2 Form M06, Visit for Month 6 (version December 9, 2008)**

Participant ID (3 digits)

Visit ID = M06

RELEASEID

VISITID

**Physical Examination**

	<i>Normal</i>	<i>Abnormal</i>	
1. Head, ears, nose, throat	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6HEAD
2. Eyes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6EYES
3. Neck (include bruits)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6NECK
4. Heart	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6HEART
5. Lungs and respiration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6LUNGS
6. Abdomen (include bruits)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6ABDOM
7. Liver	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6LIVER
8. Musculoskeletal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6MUSCU
9. Skin	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6SKIN
10. Neurological	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	M6NEURO
11. DRE (performed by a physician)			
(a) Prostate size	<input type="text"/> <input type="text"/> <input type="text"/> g		M6PROST
(b) Nodules or indurations	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes		M6NODUL
(c) Asymmetry	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes		M6ASYM
(d) Suspicious for cancer	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes		M6SUSP
(e) Tenderness	<input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>1</sub> Yes		M6TEND

### Uroflow Measurements

12. Voiding time	<input type="text"/> <input type="text"/> <input type="text"/>	sec	<input type="button" value="M6VOIDIN"/>
13. Flow time	<input type="text"/> <input type="text"/> <input type="text"/>	sec	<input type="button" value="M6FLOW"/>
14. Time to maximum flow	<input type="text"/> <input type="text"/> <input type="text"/>	sec	<input type="button" value="M6TIMEMA"/>
15. Maximum flow rate	<input type="text"/> <input type="text"/> . <input type="text"/>	ml/sec	<input type="button" value="M6MAXFLO"/>
16. Mean flow rate	<input type="text"/> <input type="text"/> . <input type="text"/>	ml/sec	<input type="button" value="M6MEAFLO"/>
17. Voided volume	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ml	<input type="button" value="M6VOIDVO"/>
<i>Repeat if voided volume &lt; 100 ml.</i>			
18. Post-void residual	<input type="text"/> <input type="text"/> <input type="text"/>	ml	<input type="button" value="M6PVR"/>

### Lab Results

19. Serum PSA :	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	ng/ml	<input type="button" value="M6PSA"/>
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20. Urinalysis (taken within last month if available, otherwise obtain specimens)

(a) Dipstick

• pH	<input type="text"/> <input type="text"/> . <input type="text"/>		<input type="button" value="M6PH"/>				
		<i>0</i> <i>trace</i> <i>1+</i> <i>2+</i> <i>3+</i> <i>4+</i>					
• Glucose	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="button" value="M6URGLUC"/>
• Blood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="button" value="M6BLOOD"/>
• Ketones	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="button" value="M6KETONE"/>
• Protein	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="button" value="M6PROTEI"/>
• Leukocyte esterase	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="button" value="M6LEUKO"/>

(b) If dipstick is positive (> 0) for blood or leukocyte esterase, send specimen for microscopic urinalysis and code results below.

		<i>none, negative, WNL</i>	<i>1-5, trace, present, slight, rare, occ</i>	<i>6-15, moderate</i>	<i>16-30, many, frequent</i>	<i>&gt; 30, innumerable, TNTC</i>	
• WBC	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6URWBC"/>
• RBC	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6URRBC"/>
• Epithelial cells	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6EPITH"/>
• Mucous	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6MUCOU"/>
• Bacteria	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6BACTE"/>
• Casts hyaline	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6CASTSH"/>
• Casts other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="button" value="M6CASTSO"/>