MIST2 Form SCR2, Screening Visit 2 (version January 29, 2007)

Participant ID (3 digits) RELEASEID **VISITID** Visit ID = S02 **Physical Examination** Abnormal Normal \square_1 1. Head, ears, nose, throat \Box_0 S2HEAD 2. Eyes \Box_0 \square_1 S2EYES 3. Neck (include bruits) S2NECK 4. Heart 0 S2HEART 5. Lungs and respiration \Box_0 \square_1 **S2LUNGS** S2ABDOM 6. Abdomen (include bruits) 7. Liver **S2LIVER** 8. Musculoskeletal \Box_0 S2MUSCU 9. Skin S2SKIN 10. Neurological S2NURO Excluded if known primary neurologic conditions such as multiple sclerosis or Parkinson's disease. any component of an implantable neurostimulation system, or any other neurological diseases known to affect bladder function. **S2UROGE** 11. Urogenital \square_{0} $\Box_1 \Rightarrow$ Excluded if daily use of a pad or device for incontinence required. If the only urogenital abnormality is BPH, then check "normal". 12. DRE (performed by a physician) a. Prostate size S2PROSTA b. Nodules or indurations □₀ No __₁ Yes S2NODULE □₁ Yes c. Asymmetry □₀ No **S2ASSUYME** Suspicious for cancer □₀ No □₁ Yes **S2SUSPIC** Excluded if history or current evidence of carcinoma of the prostate or bladder. Tenderness □₀ No __₁ Yes S2TENDER **Uroflow Measurements** 13. Voiding time **S2VOIDIN** sec 14. Flow time S2FLOW sec

15.	I ime to maximum flow		sec sec			S2TIMEMA
				300		
16.	Maximum flow rate		ml/sec			S2MAXFLO
	Excluded if >= 15 m	l/sec				
17.	Mean flow rate		ml/sec			S2MEAFLO
18.	Voided volume			ml		S2VOIDVO
	Excluded if voided v	volume < 125 ml				
19.	Post-void residual		ml ml			S2PVR
	Excluded if post-voi	d residual > 350 ml				
Bladder Ultrasound						
20.	Was a bladder ultrasound performed? (check only one)	□₁ No. A cystoscopy was performed no more than 6 weeks prior to anticipated baseline.	☐₂ Yes. No bladder stones were detected.	☐₃ Yes. One bladder stone was detected.	□₄ Yes. Multiple bladder stones were detected.	S2BLADUS

Excluded if bladder stones detected