

MIST2 Form W12M12, Visits for Week 12 and Month 12 (version Dec 9, 2008)

Participant ID (3 digits)

RELEASEID

Visit ID = W12, M12 (one record per visit)

VISITID

Physical Examination

	<i>Normal</i>	<i>Abnormal</i>	
1. Head, ears, nose, throat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMHEAD
2. Eyes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMEYES
3. Neck (include bruits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMNECK
4. Heart	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMHEART
5. Lungs and respiration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMLUNGS
6. Abdomen (include bruits)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMABDOM
7. Liver	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMLIVER
8. Musculoskeletal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMMUSCU
9. Skin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMSKIN
10. Neurological	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMNEURO
11. Urogenital	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	WMUROGE
12. DRE (performed by a physician)			
(a) Prostate size	<input type="text"/> <input type="text"/> <input type="text"/> g		WMPROSTA
(b) Nodules or indurations	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	WMNODULE
(c) Asymmetry	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	WMASSYME
(d) Suspicious for cancer	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	WMSUSPIC
(e) Tenderness	<input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes	WMTENDER

Uroflow Measurements

13. Voiding time	<input type="text"/> <input type="text"/> <input type="text"/> sec	WMVOIDIN
14. Flow time	<input type="text"/> <input type="text"/> <input type="text"/> sec	WMFLOW
15. Time to maximum flow	<input type="text"/> <input type="text"/> <input type="text"/> sec	WMTIMEMA
16. Maximum flow rate	<input type="text"/> <input type="text"/> . <input type="text"/> ml/sec	WMMAXFLO
17. Mean flow rate	<input type="text"/> <input type="text"/> . <input type="text"/> ml/sec	WMMEAFLO
18. Voided volume	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ml	WMVOIDVO
<i>Repeat if voided volume < 100 ml.</i>		
19. Post-void residual	<input type="text"/> <input type="text"/> <input type="text"/> ml	WMPVPR

Lab Results

20. Serum PSA	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ng/ml	WMPSA
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21. Urinalysis (taken within last month if available, otherwise obtain specimens)

(a) Dipstick

• pH	<input type="text"/> . <input type="text"/>	WMPH
	0 trace 1+ 2+ 3+ 4+	
• Glucose	<input type="text"/> ₁ <input type="text"/> ₂ <input type="text"/> ₃ <input type="text"/> ₄ <input type="text"/> ₅ <input type="text"/> ₆	WMURGLUC
• Blood	<input type="text"/> ₁ <input type="text"/> ₂ <input type="text"/> ₃ <input type="text"/> ₄ <input type="text"/> ₅ <input type="text"/> ₆	WMBLOOD
• Ketones	<input type="text"/> ₁ <input type="text"/> ₂ <input type="text"/> ₃ <input type="text"/> ₄ <input type="text"/> ₅ <input type="text"/> ₆	WMKETONE
• Protein	<input type="text"/> ₁ <input type="text"/> ₂ <input type="text"/> ₃ <input type="text"/> ₄ <input type="text"/> ₅ <input type="text"/> ₆	WMPROTEI
• Leukocyte esterase	<input type="text"/> ₁ <input type="text"/> ₂ <input type="text"/> ₃ <input type="text"/> ₄ <input type="text"/> ₅ <input type="text"/> ₆	WMLEUKOC

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

	none, negative, WNL	1-5, trace, present, slight, rare, occ	6-15, moderate	16-30, many, frequent	> 30, innumerable, TNTC	
• WBC	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃	<input type="text"/> ₄	<input type="text"/> ₅	WMURWBC
• RBC	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃	<input type="text"/> ₄	<input type="text"/> ₅	WMURRBC
• Epithelial cells	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃	<input type="text"/> ₄	<input type="text"/> ₅	WMEPITHE
• Mucous	<input type="text"/> ₁	<input type="text"/> ₂	<input type="text"/> ₃	<input type="text"/> ₄	<input type="text"/> ₅	WMMUCOUS

- Bacteria ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- Casts hyaline ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- Casts other ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

WMBACTER

WMCASTSH

WMCASTSO

TRUS

22. Machine

☐₁ Dornier ☐₂ B&K ☐₃ Other

WMMACHI

23. Prostatic length (from bladder neck to apex) mm

WMLENGTH

24. Total Prostate volume . cc

WMPROVOL

25. Transitional Zone volume . cc

WMTZVOL

26. Intravesical prostatic protrusion (IPP) . mm

WMINTRAV

27. Maximal sagittal prostate area . cm²

WMMAXIMA

28. Prostate circumference . cm

WMPROCIR

Bladder Ultrasound (*Month 12 only*)

29. Bladder ultrasound results (check only one) ☐₁ No bladder stones were detected. ☐₂ One bladder stone was detected. ☐₃ Multiple bladder stones were detected.

WMBLADUS