

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

Participant ID (3 digits)

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

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

## Uroflow Measurements

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

## Lab Results

- |               |   |                                      |
|---------------|---|--------------------------------------|
| 20. Serum PSA | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> ng/ml | <input type="button" value="WMPSA"/> |
|---------------|---|--------------------------------------|

21. Urinalysis *(taken within last month if available, otherwise obtain specimens)*

(a) Dipstick

- |                      |   |   |              |           |           |           |           |  |
|----------------------|---|---|--------------|-----------|-----------|-----------|-----------|--|
| • pH                 | <input type="text"/> . <input type="text"/>   | <input type="button" value="WMPH"/>     |              |           |           |           |           |  |
|                      | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 14.28%; text-align: center;"><i>0</i></td> <td style="width: 14.28%; text-align: center;"><i>trace</i></td> <td style="width: 14.28%; text-align: center;"><i>1+</i></td> <td style="width: 14.28%; text-align: center;"><i>2+</i></td> <td style="width: 14.28%; text-align: center;"><i>3+</i></td> <td style="width: 14.28%; text-align: center;"><i>4+</i></td> </tr> </table> | <i>0</i>                                | <i>trace</i> | <i>1+</i> | <i>2+</i> | <i>3+</i> | <i>4+</i> |  |
| <i>0</i>             | <i>trace</i>  | <i>1+</i>                               | <i>2+</i>    | <i>3+</i> | <i>4+</i> |           |           |  |
| • Glucose            | <input type="text"/> <sub>1</sub> <input type="text"/> <sub>2</sub> <input type="text"/> <sub>3</sub> <input type="text"/> <sub>4</sub> <input type="text"/> <sub>5</sub> <input type="text"/> <sub>6</sub>   | <input type="button" value="WMURGLUC"/> |              |           |           |           |           |  |
| • Blood              | <input type="text"/> <sub>1</sub> <input type="text"/> <sub>2</sub> <input type="text"/> <sub>3</sub> <input type="text"/> <sub>4</sub> <input type="text"/> <sub>5</sub> <input type="text"/> <sub>6</sub>   | <input type="button" value="WMBLOOD"/>  |              |           |           |           |           |  |
| • Ketones            | <input type="text"/> <sub>1</sub> <input type="text"/> <sub>2</sub> <input type="text"/> <sub>3</sub> <input type="text"/> <sub>4</sub> <input type="text"/> <sub>5</sub> <input type="text"/> <sub>6</sub>   | <input type="button" value="WMKETONE"/> |              |           |           |           |           |  |
| • Protein            | <input type="text"/> <sub>1</sub> <input type="text"/> <sub>2</sub> <input type="text"/> <sub>3</sub> <input type="text"/> <sub>4</sub> <input type="text"/> <sub>5</sub> <input type="text"/> <sub>6</sub>   | <input type="button" value="WMPROTEI"/> |              |           |           |           |           |  |
| • Leukocyte esterase | <input type="text"/> <sub>1</sub> <input type="text"/> <sub>2</sub> <input type="text"/> <sub>3</sub> <input type="text"/> <sub>4</sub> <input type="text"/> <sub>5</sub> <input type="text"/> <sub>6</sub>   | <input type="button" value="WMLEUKOC"/> |              |           |           |           |           |  |

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

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

- Bacteria <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>
- Casts hyaline <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>
- Casts other <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub>

WMBACTER

WMCASTSH

WMCASTSO

**TRUS**

22. Machine

- <sub>1</sub> Dornier <sub>2</sub> B&K <sub>3</sub> 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  .  cm<sup>2</sup>

WMMAXIMA

28. Prostate circumference  .  cm

WMPROCIR

**Bladder Ultrasound (Month 12 only)**

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

WMBLADUS