

Patient number

Date of visit
month day year

FORM NUMBER = (FORM)
FORM VERSION = (VERS)

NIH - BPH CLINICAL TRIAL: PILOT STUDY
MAJOR FOLLOW-UP VISIT INVENTORY

This form should be completed at 12-month or End of Study Visit, along with the Standard Follow-up Visit Inventory (Form F01). At this visit, also complete Sexual Function Questionnaire (Form Q02) and Urodynamics Information (Form P02).

Part I / IDENTIFICATION

A. Patient Identification

1. Patient number (PATID)

clinic patient

2. Patient's initials (INITS)

first last

3. Patient's date of birth (DOB)

month day year

B. Visit Information

1. Date of visit (JVSTDT)

month day year

2. Week of visit (JVIWK)

Part II / PHYSICAL EXAMINATION

C. Physical Examination

1. Height (JPEHT)

inches

2. Weight (JPEWT)

lbs.

3. Examinations

a. Head, ears, nose, throat (JPXHENT)

normal abnormal
1 2

b. Eyes (JPXEYES)

1 2

c. Neck (include bruits) (JPXNECK)

1 2

d. Heart (JPXHRT)

1 2

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- | | normal | abnormal |
|--------------------------------------|------------------------|------------------------|
| e. Lungs and respiration (JPXLUNG) | <input type="text"/> 1 | <input type="text"/> 2 |
| f. Abdomen (include bruits) (JPXABD) | <input type="text"/> 1 | <input type="text"/> 2 |
| g. Liver (JPXLIV) | <input type="text"/> 1 | <input type="text"/> 2 |
| h. Skin (JPXSKIN) | <input type="text"/> 1 | <input type="text"/> 2 |
| i. Neurological (JPXNEU) | <input type="text"/> 1 | <input type="text"/> 2 |
| j. Urogenital (JPXURO) | <input type="text"/> 1 | <input type="text"/> 2 |

4. Rectal Examination

- | | | |
|------------------------------------|--|------------------------|
| a. Prostate size (JPRSIZE) | <input type="text"/> <input type="text"/> <input type="text"/> | g |
| b. Nodules or indurations (JPRNOD) | <input type="text"/> 1 | <input type="text"/> 2 |
| c. Asymmetry (JPRASYM) | <input type="text"/> 1 | <input type="text"/> 2 |
| d. Suspicious for cancer (JPRCAN) | <input type="text"/> 1 | <input type="text"/> 2 |
| e. Tenderness (JPRTEN) | <input type="text"/> 1 | <input type="text"/> 2 |

Part III / LABORATORY RESULTS

D. Complete Blood Count

- | | | | | |
|-------------------------------------|--|---|---|---------------------|
| 1. Hematocrit (JBCHCT) | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> | % |
| 2. Hemoglobin (JBCHGB) | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> | g/dl |
| 3. Erythrocyte count (RBC) (JBCRBC) | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> | 10 ⁶ /ul |
| 4. Leucocyte count (WBC) (JBCWBC) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | /ul |
| 5. Platelet count (JBCPC) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | 10 ³ /ul |

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E. Serum Chemistries

- 1. Sodium (JSCSOD) mmol/L
- 2. Potassium (JSCPOT) . mmol/L
- 3. Chloride (JSCCHL) mmol/L

- 4. Bicarbonate (JSCBIC) mEq/L
- 5. Glucose (JSCGLU) mg/dl
- 6. Urea Nitrogen (JSCUN) mg/dl

- 7. Creatinine (JSCCRE) . mg/dl
- 8. Uric Acid (JSCUA) . mg/dl
- 9. Calcium (JSCCAL) . mg/dl

- 10. Phosphorus (JSCPHO) . mg/dl
- 11. SGOT (AST) (JSCSGOT) U/L
- 12. Alkaline Phosphatase (JSCAP) U/L

- 13. Total Bilirubin (JSCTBIL) . mg/dl
- 14. Total Protein (JSCTPRO) . g/dl
- 15. Albumin (JSCALB) . g/dl
- 16. Cholesterol (JSCCHO) mg/dl

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F. Urinalysis

1. Dipstick

a. pH (JURDPH) .

	0	trace	1+	2+	3+	4+
b. Glucose (JURDGLU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Blood (JURDBLD)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Ketones (JURDKET)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Protein (JURDPRO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Leucocyte Esterase (JURDLE)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. If dipstick is positive (greater than 0) for blood or leucocyte esterase, please send specimen for microscopic urinalysis. Please use the following table to code the results.

1	None, Negative, WNL
2	1-5, Trace, Present, Slight, Rare, Occ
3	6-15, Moderate
4	16-30, Many, Frequent
5	> 30, Innumerable, TNTC

a. WBC (JURMWBC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. RBC (JURMRBC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Epithelial Cells (JURMEC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Mucous (JURMMUC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Bacteria (JURMBAC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Casts - Hyaline (JURMCHY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Casts - Other (JURMCO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Initials of person completing form (FORMIN)
first last

Date form completed (FORMDT)
month day year

Signature _____