

NIH - BPH TRIAL

MAJOR FOLLOW-UP VISIT INVENTORY

This form should be completed at annual visits along with the Standard Follow-up Visit Inventory (Form F01), the AUA Symptom Questionnaire (Form Q01), the Sexual Function Questionnaire (Form Q02) and the Health Survey Questionnaire (Form Q03).

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)

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Part II / PHYSICAL EXAMINATION

C. Physical Examination

1. Height (JPEHT)

		inches
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2. Weight (JPEWT)

			lbs.
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3. Examinations

	normal	abnormal	If abnormal, please note
a. Head, ears, nose, throat (JPXHENT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
b. Eyes (JPXEYES)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
c. Neck (include bruits) (JPXNECK)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
d. Heart (JPXHRT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
e. Lungs and respiration (JPXLUNG)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
f. Abdomen (include bruits) (JPXABD)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____
g. Liver (JPXLIV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____

Patient number

Date of visit     
month day year

	normal	abnormal	If abnormal, please note
h. Skin ( <b>JPXSKIN</b> )	<input type="text"/>	<input type="text"/>	_____
i. Neurological ( <b>JPXNEU</b> )	<input type="text"/>	<input type="text"/>	_____
j. Urogenital ( <b>JPXURO</b> )	<input type="text"/>	<input type="text"/>	_____

4. Rectal Examination

a. Prostate size ( <b>JPRSIZE</b> )	<input type="text"/> <input type="text"/> <input type="text"/>	g
b. Nodules or indurations ( <b>JPRNOD</b> )	YES <input type="text"/>	NO <input type="text"/>
c. Asymmetry ( <b>JPRASYM</b> )	<input type="text"/>	<input type="text"/>
d. Suspicious for cancer ( <b>JPRCAN</b> )	<input type="text"/>	<input type="text"/>
e. Tenderness ( <b>JPRTEN</b> )	<input type="text"/>	<input type="text"/>

D. PSA Serum Specimen

Serum should be drawn for PSA (and hormones for biopsy patients when biopsy is performed).

1. Date sent to the Diagnostic Center (**JPSASDT**)     
month day year

Part III / LABORATORY RESULTS

E. Complete Blood Count

1. Leucocyte count (WBC) ( <b>JBCWBCD</b> )	<input type="text"/> <input type="text"/> . <input type="text"/>	$10^3/\text{ul}$
2. Erythrocyte count (RBC) ( <b>JBCRBC</b> )	<input type="text"/> . <input type="text"/>	$10^6/\text{ul}$
3. Hemoglobin ( <b>JBCHGB</b> )	<input type="text"/> <input type="text"/> . <input type="text"/>	g/dl
4. Hematocrit ( <b>JBCHCT</b> )	<input type="text"/> <input type="text"/> . <input type="text"/>	%
5. Platelet count ( <b>JBCPC</b> )	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	$10^3/\text{ul}$

Patient number

Date of visit  month  day  year

F. 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. ALT (SGPT) (**JSCALT**)  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

Patient number

Date of visit        
 month day year

G. 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

Form entered in computer?