

Screening number **S**

NIH - BPH TRIAL

SCREENING VISIT 1 INVENTORY : ADDENDUM

This form is to be completed for all patients in the pilot study. It should be attached to the original form B02.1. Please remember that this is baseline information and should be completed as of the date of Screening Visit 1.

Part I / IDENTIFICATION

A. Patient Identification

- 1. Clinic number (CLINIC)
- 2. Screening number (SCREEN) **S**
- 3. Patient's initials (INITS)
first last
- 4. Patient's date of birth (DOB)
month day year

B. Visit Information

- 1. Date of visit (SVSTDT)
month day year

C. General Information

- 3. Grade level last completed (SGIGRAD)

See Manual of Operations for coding grade level last completed.

Part II / HISTORY AND PHYSICAL EXAMINATION

D. Medical History

- 24. Impotence (SHXIMP) YES NO intermittent
 1 2 3
- 25. Other genitourinary disease (SHXOGU) YES NO
 1 2

If YES:

a. specify: (SHXOGUX) _____

Initials of person completing form (FORMIN)
first last

Form entered in computer?