

Screening number

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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)

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2. Screening number (SCREEN)

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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)

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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			
<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2	<table border="1"><tr><td>3</td></tr></table>	3
1					
2					
3					

25. Other genitourinary disease (SHXOGU)

YES	NO		
<table border="1"><tr><td>1</td></tr></table>	1	<table border="1"><tr><td>2</td></tr></table>	2
1			
2			

If YES:

a. specify: (SHXOGUX) _____

Initials of person completing form (FORMIN)

first		last	

Form entered in computer?

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