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

## NIH - BPH TRIAL TRUS AND BIOPSY INFORMATION

This form should be completed any time a TRUS is performed (with or without biopsy). TRUS is performed in all patients at Screening Visit 2. For patients participating in the biopsy substudy, TRUS and biopsy are performed at Screening Visit 2, 12-Month Major Follow-up Visit and End-of-Study.

Part I / IDENTIFICATION		
A. Patient Identification		
1. Clinic number (CLINIC)		
2. Patient Identification number (Complete a <b>OR</b> b)		
a. If before randomization, Screening number (SCREE	N) S	
b. If after randomization, Patient number (PATID)	clinic patient	
3. Patient's initials (INITS)	first last	
4. Patient's date of birth (DOB)	month day year	
B. <u>Visit Information</u>		
1. Date of visit (TVSTDT)	month day year	
2. Type of visit (TVITYP)	<sup>1</sup> Screening	
	<sup>2</sup> 12-month Follow-up	
	<sup>3</sup> End of Study	
	Other Follow-up	
3. If Follow-up Visit, week of visit (TVIWK)		
4. Sonologist's initials (TVISONI)	first last	
5. Type of ultrasound equipment (TVIUEQ)	<sup>1</sup> Bruel and Kjaer	
	<sup>2</sup> Dornier	
	3 Other	
a. If other, please specify: (TVIUEQO)		
Part II / DIAGNOSTIC CENTER MAILING INFORMATION		
C. Mailing Information	YES NO	
1. Was at least one biopsy performed? (TMIBXP)	1 2	
If YES, CONTINUE. If NO, SKIP to Section D and do NOT complete Section E.		
a. Date tissue sent to the Diagnostic Center (TMIDT)		

month

day

year

Patient number  Date of visit  month day year  BPH FOR November Page 2	er, 1999	
Part III / TRUS INFORMATION		
D. <u>Ultrasound Measurements</u>		
1. Total Gland 2. Transition Zone		
a. Transverse view a. Transverse view	a. Transverse view a. Transverse view	
i. Height cm (TUGTH) i. Height cm (TUZTH)		
ii. Width cm (TUGTW) ii. Width cm (TUZTW)		
b. Longitudinal view b. Longitudinal view		
i. Height cm (TUGLH) i. Height cm (TUZLH)		
ii. Length cm (TUGLL) ii. Length cm (TUZLL)		
c. Ellipsoid volume cc c. Ellipsoid volume cc cc		
For each question in this section, please check all that apply.		
3. The inner gland (transition zone) is:  4. The peripheral zone is:  1 Normal (TUIGN) 1 BPH (TUIGB) 1 Calculi 1 Other (TUIGO) 1 Other (TUIGO) 4. The peripheral zone is:  1 Normal 1 Hypoechoic 1 Calculi 1 Calculi 1 Cyst 1 Vascular (TUPZCY) (TUPZCY)	entered in computer?	
5. The surgical capsule is:    1   Normal   (TUSCN)   1   Calculi   (TUSCC)   1   Distorted   (TUSCD)   1   Suspicious   (TUCSUS)   (TUCSUS)	orm entered	
Part IV / CONCOMITANT MEDICATIONS  If at least one biopsy was performed (question C.1 is YES), CONTINUE.	last	
<ul> <li>E. Concomitant Medications</li> <li>1. Is the patient currently taking any medication other than the coded medications? (TCMCON)</li> <li>If YES, list below:</li> </ul>	AIIN) first	
a. (TCMCONA) (TCMCODA)   f. (TCMCONF) (TCMCODF)	(FORMIN)	
b. (TCMCONB) (TCMCODB)   g. (TCMCONG) (TCMCODG)	Dr.M.	
c. (TCMCONC) (TCMCODC) h. (TCMCONH) (TCMCODH)	ing fc	
d. (TCMCOND) (TCMCODD) i. (TCMCONI) (TCMCODI)	mplet	
e. (TCMCONE) (TCMCODE) j. (TCMCONJ) (TCMCODJ)	on col	
2. Has the patient taken viagra (sildenafil citrate) since the last visit? (TCMVIAG)	Initials of person completing form	