HEALTH PROFESSIONALS FOLLOW-UP STUDY

1.	During the past month, please indicate how	% OF 7	IME E	XPERIE	NCED	SYMP	TOMS		НО	W LARG	EAP	ROBLE	M?	111
	frequently you had these urinary symptoms	0%	10%	25%	50%	75%	Almost		None	Very	Cmall	Medium	Big	1
	and how large of a problem they were to you:				30 /0		100%			Small			Diy	
	Sensation of incomplete bladder emptying	0	\bigcirc	0	0	0	0		0	<u>O</u>	0	0	0	(a) (b)
1	Having to urinate again after less than 2 hours	\bigcirc	\bigcirc	\bigcirc	0	0	0	-	0	0	0	0	\bigcirc	
	Stopping and starting several times during urination Found it difficult to postpone urinating	0	0	0	0	0	0		0	0	0	\circ	$ \bigcirc $	
	Weak urinary stream	0	δ	\circ			0		ŏ	Ö	0	0	$ \begin{array}{c} 0 \\ 0 \end{array} $	86
	Had to push or strain to begin urination	\sim		\sim	\sim	$\stackrel{\smile}{\sim}$	\sim		$\frac{\circ}{\circ}$	$\frac{1}{2}$	$\stackrel{\smile}{\sim}$	\preceq	\forall	8
2.	a. Over the past month, how many times per night did yo	u tvpi	cally o	et up	to urii	nate?								2
		_		times p										a
	b. How large of a problem was this to you?													
	None Very small Small Medium	-	ig											b
3.	Over the past month, how much physical discomfort did a	any uri	inary	oroble	ms ca	use y	ou?							(3
	None ○ Only a little ○ Some ○ A lot													
/8	0				_		_		_					
£-0	Over the past month, how much did you worry about you	r heal	th bed	ause o	of any	urina	ry prol	blem	ıs?					4
5	None Only a little Some A lot Overall, how bothersome has any trouble with urination k			460000	-4	41.2								
V.	Not at all bothersome Bothers me a little Both		_		St mo									<u>_</u>
6				-				. 1.5	.1.					(5) (6)
V.	Over the past month, how much of the time has any urina of things you would usually do?	iry pro	biem	керт у	ou tro	om do	ing the	e Kin	ds					0
	None of the time A little of the time Some o	f the ti	me	\bigcirc N	lost of	the ti	me		Allo	f the tin	ne			
	9 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3								7 111 0	1 1110 1111				
7.	In general would you say your health is: Excellent) Very	good) Goo	d () Fair		O Po	oor				7
							-							
8.	Since January 1, 1994, have you had screening for prostat			using	PSA (prosta	te spe	ecific	antig	gen)?				8
	Not known No Yes If yes, what was				lormal) Elev	ated						a
9.	Since January 1, 1990, have you had an enlarged prostate			_	_									9
MA	No Yes If yes, year of diagnosis? 1990) 1991) 1992) 1993			994				a
	Since January 1, 1990, has a physician told you that you h No Yes If yes, year of diagnosis? 1990		enign) 1991		TIC NY					004				10
11.	Since January 1, 1990, have you had an episode of acute u) 1993 heteri			994				(a)
	No Yes If yes, year of episode? 1990	-00) 1991) 1992		1993		_	994				(a
	, , , , , , , , , , , , , , , , , , , ,		,,,,,,) 1002									
12.	Since January 1, 1990, have you had surgery for benign pr	ostati	c enla	rgeme	nt (pr	ostate	resec	tion	or Tl	JRP)?				12
	No Yes If yes, year of surgery? 1990) 1991) 1992	! () 1993	3	O 19	994				a
13.	During the past month, how often have your urinary prob	lems i	nterfe	red in	the									
	following activities? (Mark one response for each line.)						None of the		\ Little of the	Som of th		Most of the	All of th	
	*						Time		Time	Time		Time	Tim	е
	Drinking fluids before you travel Drinking fluids before you go to bed						<u> </u>		\bigcirc	$+ \circ$		<u>O</u>	\downarrow	
	Driving for two hours without stopping						0		9			$\frac{\circ}{\circ}$	$+$ \subseteq	
	Getting enough sleep at night						0		<u>O</u>	+		0	C	
	Going to places that may not have a toilet						0		$\frac{\circ}{\circ}$			0		
	Playing sports outdoors such as golf						0		$\frac{\circ}{\circ}$	\perp	berja se	$\overline{\bigcirc}$	+	
	Going to movies, shows, church, etc.						Ŏ		ŏ			ŏ	1 ~) (g
14.	These questions are about how you feel and how things h	ave b	een w	ith voi	ı duri	na the	nast	4 11/6	ooks					9
	For each question, please give the one answer that comes	close	st to 1	he wa	y you	have	been f	eelii	ng.					(14
	How much of your time during the past 4 weeks					II	Most		Good Bi			A Little	Non	
	(Mark one response for each line.)				of t Tir	the ne	of the Time		of the Time	of the Time		of the Time	of th	
	Did you feel full of pep?						0		0	0		0		
	Have you been a very nervous person?	_					0		0	0		0	Ç	
	Have you felt so down in the dumps nothing could cheer you	up?					<u>O</u>		0			0	C	
	Have you felt calm and peaceful?						0		0	10		<u>O</u>		
	Did you have a lot of energy? Have you felt downhearted and blue?						\bigcirc		0			0		
	Did you feel worn out?						0		0	10		$\frac{\circ}{\circ}$	C	
	Have you been a happy person?				1	\leftarrow	${}$	1	8	+		0	\vdash	
	Did you feel tired?				1 2	\leftarrow	8		0	+8		$\frac{\circ}{\circ}$	+ >	

	HEALTH	PROFES	SIONA	LS FU	LLOW-		
5. Do you currently use the following medications regularly for	1			2	0	0	(
prostate problems? Finasteride (PROSCAR)	(2) (4)	(2)	(2)	(2)	(2)	(2)	3
Alpha-blocker drugs (tetrazosin-HYTRIN;	(8)	(4) (8)	(4) (8)	(4) (8)	(4)	(4)	(4
prazosin-MINIPRESS; doxazosin-CARDURA)		(P)	(P)	(P)	(8) (P)	(8) (P)	
Other – Please specify		A 5 8 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			0 a C/A 0 0 0 10		
ID							
No regular medication							(1
6. During the past 4 weeks, how much of the time have your physical hea	alth or emot	ional proble	ms interf	ered wit	h your so	ocial	(1
activities (like visiting with friends, relatives, etc.)?							
	A little of th	e time (None of	the time			
7. Please choose the answer that best describes how true or false each of following statements is for you. (Mark one response for each line.)	the	Definitely True	Mostly True	Not Sure	Mostly False	Definit False	
Over the past 4 weeks, I have felt about the same as I have felt during the pa	ast year.	0		0	0	0	
I seem to get sick a little easier than other people.		0		0	0		
I am as healthy as anybody I know.		0	0	0	0		
I expect my health to get worse.			0		0		
My health is excellent.					0		
8. During the past 4 weeks, have you had any of the following problems v	with your w	ork or other	regular c	daily acti	vities as	a result	100
of any emotional problems (such as feeling depressed or anxious)? (Ma	_		h line.)				\$
 a) Cut down the <u>amount of time</u> you spent on work or other activities b) <u>Accomplished less</u> than you would like 		No No					
c) Didn't do work or other activities as carefully as usual		No					
CF Didn't do work of other activities as <u>carefully</u> as usual	O Tes	INO					
9 During the past 4 weeks to what extent has your physical health or extent	actional ave	blama inten	الفئيس لمصييما			al al	
9. During the past 4 weeks, to what extent has your physical health or emactivities with family, friends, neighbors, or groups?	notional pro	blems inter	fered with	h your n	ormal so	cial	
activities with family, friends, neighbors, or groups?		blems inter	fered with	h your n	ormal so	cial	K
activities with family, friends, neighbors, or groups?	notional pro	blems inter	fered with	h your n	ormal so	cial	
Not at all Slightly Moderately Quite a bit Ext		blems inter	fered with	h your n	ormal so	cial	
activities with family, friends, neighbors, or groups?			fered with	h your n	ormal so	cial	
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe	tremely Overy sev	ere					(
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate Severe	tremely Overy sev	ere					
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate Severe During the past 4 weeks, how much did bodily pain interfere with your and housework)?	tremely Overy sev	ere					(
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext	Very sev normal wo	ere rk (includinç	j both wo	ork outsi	de the ho	ome	4
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems were served.	Very sev normal wo	ere rk (includinç	j both wo	ork outsi	de the ho	ome	4
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems work your physical health?	Very sev normal wo	ere rk (including ork or other	g both wo	ork outsi	de the ho	ome	:
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities	Very sev normal wo	ere rk (including ork or other	j both wo	ork outsi	de the ho	ome	: (
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate Severe During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext During the past 4 weeks, have you had any of the following problems v of your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like	Very sev normal wo	ere rk (including ork or other Yes Yes	p both wo	ork outsi	de the ho	ome	t (
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities	Very sev normal wo tremely	ork or other Yes Yes Yes	j both wo	ork outsi	de the ho	ome	t (
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate Severe During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext During the past 4 weeks, have you had any of the following problems v of your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like	Very sev normal wo tremely	ork or other Yes Yes Yes	regular c	ork outsi	de the ho	ome	t
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too	Very sev normal wo tremely	ork or other Yes Yes Yes	regular c	ork outsi	de the ho	ome	t (
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too 3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities?	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes	regular c	ork outsi daily acti	de the ho	ome	t (
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too 3. The following items are about activities you might do during a	Very sev normal wo tremely	ork or other Yes Yes Yes Yes Yes Yes	regular c	ork outsi	de the ho	ome a result	: (()
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too The following items are about activities you might do during a typical day. Does your health now limit you in these activities?	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes A Lint A Litt	regular control No	ork outsi daily acti	de the ho	ome a result	((((((((((((((((((((((((((((((((((((((
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vof your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities (for example, it too.) 3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response for each line.)	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Lint A Litt	regular control No	daily acti	o o	ome a result	0 (0 (1)
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems very of your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it took Had difficulty performing the work or other activities (for example, it took Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes ALitt	regular control No	daily acti	o o	ome a result	0 (((((((((((((((((((((((((((((((((((((
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities (for example, it too 3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes ALitt	regular control No	daily acti	de the ho	ome a result	
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext None Very mild Mild Moderate Severe During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too Had difficulty performing the work or other activities (for example, it too Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports Moderate activities, such as moving a table, pushing a vacuum cleaner,	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes ALitt	regular c	daily acti	o o o o o o o o o o o o o o o o o o o	ome a result	0 (1) (2) (3) (4)
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities (for example, it too Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	o o o o o o o o o o o o o o o o o o o	ome a result 1 1 1 1 2 2 2 3 3 3 3 4 4 4 5 5 5 6	0 (1) (2) (3) (4) (5)
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities (for example, it too Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Lifting or carrying groceries	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	of the horizontal desiration of the horizonta	ome a result 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 6 5 6 7	0 1 2 3 4 5 6 6
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too Had difficulty performing the work or other activities (for example, it too Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Lifting or carrying groceries Climbing several flights of stairs	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ome a result 1 1 1 2 2 2 2 3 3 3 3 4 4 4 5 5 6 6 7 8 8	0 1 2 3 4 5 6 6 7
activities with family, friends, neighbors, or groups? Not at all Slightly Moderately Quite a bit Ext 1. How much bodily pain have you had during the past 4 weeks? None Very mild Mild Moderate Severe 1. During the past 4 weeks, how much did bodily pain interfere with your and housework)? Not at all A little bit Moderately Quite a bit Ext 2. During the past 4 weeks, have you had any of the following problems vor your physical health? a) Cut down the amount of time you spent on work or other activities b) Accomplished less than you would like c) Were limited in the kind of work or other activities (for example, it too Had difficulty performing the work or other activities (for example, it too Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Lifting or carrying groceries Climbing one flight of stairs Climbing one flight of stairs	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ome a result 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 5 5 6 7 8 8	0 1 2 3 3 4 5 6 6 7 8 9
Accomplished less than you would like C) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Vigorous activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Lifting or carrying groceries Climbing one flight of stairs Bending, Kneeling, or stooping	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	0 (1) (2) (3) (4) (5) (6) (7) (10) (8) (11) (9) (12)	ome a result 1 1 1 1 2 2 2 3 3 3 3 3 4 4 4 5 5 5 6 7 8 9 X	0 (1 2 3 3 4 4 5 6 6 7 8 8 9 P
Accomplished less than you would like C) Were limited in the kind of work or other activities d) Had difficulty performing the work or other activities? If so, how much? (Mark one response for each line.) Wigorous activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf Lifting or carrying groceries Climbing one flight of stairs Bending, kneeling, or stooping Walking more than a mile	Very sev normal wo tremely with your w	ork or other Yes Yes Yes Yes Yes A Litt	regular c	daily acti	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ome a result 1 1 1 2 2 2 3 3 3 3 4 4 4 5 5 5 6 6 7 8 8 9	0 (1) (2) (3) (4) (5) (6) (7) (8) (9) (P)

Mark Reflex® by NCS EM-157058:321 A0901 Printed in U.S.A.