Complete this form for all patients presenting to the Emergency Department with possible kidney stone diagnosis.

Screening Number **SCREEN**	Patient Identifier **(not keyed)**	1. Date screened (mm/dd/yyyy) **LSCRDT**	2. Previous screen? **LPRVSCR**	2a. **If YES,** Previous Screening Number **LPRVSCRN**	3. Gender **LGEN**	4. Race **LRACE**	5. Ethnicity **LETHNIC**	6. Screen status **LSTATUS**	6a. If screen status=2, Reason **LINELIG**	6a.1) If reason code = 99 "Other", explain **LOTHREAS**	6b. If screen status= 3, STONE patient # **LPATID**	7. Initials of person completing form **LINITS**
		__ __/__ __/__ __ __ __	Y N	____	__	__	__	__	__ __		____	____
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GENDER
1 = Female
2 = Male

RACE
1 = American Indian / Alaskan Native
2 = Asian
3 = Native Hawaiian / Pacific Islander
4 = Black / African American
5 = White
6 = Unknown or Not Reported

ETHNICITY
0 = No, Not Hispanic / Latino
1 = Yes, Hispanic / Latino

SCREEN STATUS CODES
1 = Patient declined consent
2 = Ineligible
3 = Randomized

REASONS FOR INELIGIBILITY
01 = Age < 18
02 = No evidence of ureterolithiasis
03 = No phone
04 = Concurrent UTI
05 = Prior kidney/ureter surgery
06 = Pregnant
07 = Anatomical GU abnormality
08 = Ipsilateral/solitary kidney

09 = Prior renal transplant or donation
10 = History of renal insufficiency
11 = Fever
12 = History of hypersensitivity to tamsulosin
13 = Taking α-blockers or Ca^{++} blockers
14 = Taking vardenafil
15 = Floppy iris syndrome
16 = Cataract surgery within 60 days

17 = Stone expulsion in the ED
18 = Largest stone diameter ≥ 9mm
19 = Admitted to the hospital
20 = Prisoner or ward of state
21 = Breastfeeding mother
22 = Prior enrollment
23 = Bladder stone
24 = Taking steroids
25 = Non-English speaker
99 = Other

STONE ID: ☐ ☐ ☐ ☐

1.	Screening Number:	**SSCREEN**	☐ ☐ ☐ ☐
2.	Date of screening (mm/dd/yyyy)	**SDATE**	☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐
3.	Initials of person completing this form	**SINITS**	☐ ☐

A. Demographics and Social Characteristics

| 4. | Age **(not eligible if < 18 years)** | **SAGE** | ☐ ☐ years |

B. Current Medications

5.	Known allergy to tamsulosin?	**SALLTAM**	Y N
6.	Currently taking calcium channel blockers?	**SALPHAB**	Y N
7.	Currently taking steroids?	**SSTEROID**	Y N
8.	Currently taking vardenafil?	**SLEVITRA**	Y N

If allergic to tamsulosin OR on calcium channel blockers, steroids or vardenafil, patient is ineligible.

| 9. | Currently taking **other** medication on a regular basis? | **SMEDS** | Y   N |

a. If **YES**, list current medications (name only)

☐ ☐

☐ ☐

C. Current Symptoms

10.	Symptoms		**Circle all that apply**
	a. Increased need to urinate	**SURIN**	Y N
	b. Urinating more often at night	**SURNIGHT**	Y N
	c. Pain when urinating	**SPAINUR**	Y N
	d. Feeling of not emptying bladder completely	**SNOTEMP**	Y N
	e. Nausea	**SNAUSEA**	Y N
	f. Vomiting	**SVOMIT**	Y N
	g. Dizziness	**SDIZZY**	Y N
	h. Chest pain	**SCHPAIN**	Y N
	i. Fever	**SFEVER**	Y N
	j. Side/flank pain	**SSIDEP**	☐ 0 = None / 1 = Left / 2 = Right / 3 = Bilateral
	k. Lower abdomen pain	**SLOWABDP**	☐ 0 = None / 1 = Left / 2 = Right / 3 = Bilateral
	l. Scrotum or groin pain	**SGROINP**	☐ 0 = None / 1 = Left / 2 = Right / 3 = Bilateral

STONE ID: ▢▢▢▢

D. Medical History (by report)

11.	Past history of kidney stones?	**SHXKSTN**	Y	N

If YES,

a. How many episodes? ▢▢ **SNUMSTN** b. Date of most recent episode ▢▢ /

▢▢▢▢
SMONSTN / SYRSTN

12.	Family history of kidney stones (parents/siblings)?	**SFAMHX**	Y	N

E. Initial Vital Signs (at triage)

13.	Blood pressure	**SIBPSYS/ SIBPIA**	▢▢▢ / ▢▢▢ mmHg
14.	Heart rate	**SIHR**	▢▢▢ bpm
15.	Temperature **(not eligible if temp>101.5 °F)**	**SITEMP**	▢▢▢ . ▢ °F

F. Urine Analysis Results

16.	Dipstick:			
	a. Glucose (mg/ul)	**SDIPGLUC**	▢	0 = Normal 3 = 250 1 = 50 4 = 500 2 = 100 5 = 1000
	b. Blood (erythrocytes/ul)	**SDIPBLD**	▢	0 = Negative 2 = Abt 50 1 = Trace 3 = Abt 250
	c. White cells (leukocytes)	**SDIPWBC**	▢	0 = Negative 2 = + 1 = Trace 3 = ++

17.	Was an HCG done? **(necessary for all women of child-bearing age)**	**SHCG**	Y	N	N/A
	a. **If YES,** Results positive? **(Not eligible for study if positive)**	**SHCGRES**	Y	N	
18.	Urinalysis microscopy done?	**SMICRO**	Y	N	

If YES,		**Use scale for questions a – c**	
a. Blood	**SMICBLD**	▢	0 = 0,none,negative,WNL 1 = 1-5,trace,rare,present, slight
b. White cells	**SMICWBC**	▢	2 = 6-15,moderate
c. Bacteria	**SMICBACT**	▢	3 = 16-30,many,frequent 4 = > 30,innumerable,TNTC

G. Discharge from ED

19.	Stone expelled in the ED? **(Not eligible if expelled)**	**SEXPEL**	Y	N
20.	Final primary ED diagnosis:	**SFINDX**	▢	1 = Renal colic 2 = Stone 3 = Other
21.	Patient admitted? **(Not eligible if admitted)**	**SADMIT**	Y	N
	a. **If YES,** to which service?	**SADMSERV**	▢	1 = Urology 2 = Surgery 3 = Medicine 4 = Other

STONE ID: ☐☐☐☐ **PATID**

#	Question	Variable	Response
1.	Date of screening (mm/dd/yyyy)	**RDATE**	☐☐ / ☐☐ / ☐☐☐☐
2.	Initials of person completing this form	**RINITS**	☐☐☐
3.	CT result	**RCTSTONE**	☐ 0 = No stones / 1 = Single stone / 2 = Multiple stones / 3 = Bladder stone(s)

No stones (0) or bladder stones (3), patient is ineligible to be randomized. SKIP to question 13.

#	Question	Variable	Response
4.	Side of symptomatic stone	**RSIDESYM**	☐ 1 = Left / 2 = Right
5.	Location of symptomatic stone	**RLOCASYM**	☐ 1 = Renal pelvis / 2 = Proximal ureter / 3 = Mid ureter / 4 = Distal ureter / 5 = UVJ
6.	Diameter of symptomatic stone	**RSIZESYM**	☐☐.☐ mm
7.	Hydronephrosis?	**RHYDRON**	Y N
8.	Stranding?	**RSTRAND**	Y N

If Question 3 = Single stone (1), SKIP to Question 13.

If Question 3 = Multiple stones (2), CONTINUE.

#	Question	Variable	Response
9.	Number of stones	**RNUMSTN**	☐☐
10.	Side of additional stone(s)	**RSIDELOC**	☐ 1 = Left / 2 = Right / 3 = Bilateral
11.	Location of additional stone(s)		(more than one may apply)
	a. Renal pelvis	**RLRENPEL**	Y N
	b. Proximal ureter	**RLPROXUR**	Y N
	c. Mid ureter	**RLMIDUR**	Y N
	d. Distal ureter	**RLDISTUR**	Y N
	e. UVJ	**RLUVJ**	Y N
	f. Kidney	**RLKIDNEY**	Y N
12.	Is the symptomatic stone the largest stone?	**RLARGEST**	Y N
	If NO, a. Diameter of largest stone	**RDIALAR**	☐☐.☐ mm
13.	Initials of radiologist reading images	**RINITSRAD**	☐☐☐

PATID

STONE ID: ☐ ☐ ☐ ☐

1.	Post ED day: **FDAY**	☐ ☐ ☐

ED visit is day 0 and scheduled follow up calls are on days 2, 7, 15, 20, 29 and 90. All questions should be answered for the time since the last contact unless otherwise specified.

2.	Date of contact **FDATE**	☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐
3.	Initials of person completing this form **FINITS**	☐ ☐ ☐
4.	Patient reached? **FREACH**	Y N

If YES, continue, If NO, STOP. If Day 90 contact, SKIP to question 12.

5.	Have you taken the study medication **since the last contact**? **FSTDYMED**	Y N
	If YES, a. How many doses **since the last contact**? **FSMEDDOS**	☐ ☐
6.	Have you taken any open-label tamsulosin/Flomax **since the last contact?** **FOPENLAB**	Y N
	If YES, a. How many doses **since the last contact**? **FOLDOS**	☐ ☐
7.	Are you **currently** taking an NSAID? **FNSAID**	Y N
	If YES, a. Dose? **FNSDOS**	☐ 1 = 200mg 4 = 800mg 2 = 400mg 5 = Other 3 = 600mg
	b. How many pills **since the last contact**? **FNSNUM**	☐ ☐
8.	Are you **currently** taking Percocet? **FPERC**	Y N
	If YES, a. Dose per day? **FPERCDOS**	☐ 1 = 1 tablet 2 = 2 tablets 3 = 3 tablets 4 = Other
9.	Are you **currently** taking any **other** analgesic? **FANALG**	Y N
	If YES, a. Type of analgesic? **FANALGT**	☐ 1 = Acetaminophen 2 = Demerol 3 = Other
	If Other (3), 1) Specify:	
	b. Dose? **FANDOS**	☐ ☐ ☐ mg
	c. How many pills have you taken **since last contact**? **FANNUM**	☐ ☐
10.	Have you taken a steroid medication **since the last contact**? **FSTEROID**	Y N
11.	Have you taken a contraindicated medication **since the last contact**? **FCONTRA**	Y N

PATID

STONE ID: ☐☐☐☐

Post ED Day: _____

12.	Are you employed? **FEMPLOYD**	Y	N
	If YES, a. Have you returned to work? **FRETWORK**	Y	N
13.	Side effects: Have you experienced…..		
	a. dizziness at rest? **FDIZRST**	Y	N
	b. dizziness when standing up? **FDIZSND**	Y	N
	c. abnormalities of ejaculation? **FABNEJAC**	Y	N **female**
	d. stomach upset, nausea or vomiting (GI disorder)? **FGASTRO**	Y	N
	e. bloody/black stool, or bloody vomiting (GI bleeding)? **FGBLEED**	Y	N
	f. abdominal pain or a stomach ulcer? **FULCER**	Y	N
	g. urinary tract infection(s)? **FUTI**	Y	N
	h. facial flushing? **FFACFLSH**	Y	N
	i. headache(s)? **FHEADACH**	Y	N
	j. tachycardia or fast heart rate? **FTACHY**	Y	N
14.	Have you had a follow-up visit with any doctor **for the stone**? **FFUPVST**	Y	N
	If YES, Name and phone of MD _____		
	a. Date of visit: **FFUPDATE**	☐☐ / ☐☐ / ☐☐☐☐	
	b. Specialty: **FFUPSPEC**	☐ 1 = PCP 2 = Urologist 3 = Nephrologist 4 = Other	
	If Other (4), 1) Specify: [_____]		
15.	Have you returned to the ER for the stone(s)? **FRETER**	Y	N
	If YES, a. How many visits? **FERNUMV**	☐☐	
	b. Date of most recent visit? **FERDATE**	☐☐ / ☐☐ / ☐☐☐☐	
	ER: _____		
	c. CT performed? **FERCT**	Y	N
	d. Ultrasound performed? **FERNUS**	Y	N

PATID

STONE ID: ☐☐☐☐

Post ED Day: _____

16.	Have you been hospitalized because of the stone(s)? **FHOSP**		Y N
	If YES, a. How many hospitalizations?	**FHSPNUM**	☐☐
	b. Date of most recent hospitalization?	**FHSPDATE**	☐☐ / ☐☐ / ☐☐☐☐
	Hospital? _____		
	c. How many nights did you spend in the hospital? **FHSPNITE**		☐☐ nights
	d. CT performed?	**FHSPCT**	Y N
	e. Ultrasound performed?	**FHSPUS**	Y N
17.	Have you expelled a stone?	**FEXPEL**	☐ 0 = No 1 = Seen 2 = Captured
	If Seen (1) or Captured (2), a. Date:	**FEXPDATE**	☐☐ / ☐☐ / ☐☐☐☐
18.	Have you expelled multiple stones?	**FEXPMULT**	Y N
	If YES, a. How many stones?	**FMULTNUM**	☐☐
19.	Have you had or been scheduled for surgical intervention for stone?	**FSURG**	☐ 0 = No 1 = Yes, scheduled 2 = Yes, already done
	If YES, scheduled (1) or performed (2): a. Type of procedure:	**FSURGTYP**	☐ 1 = Lithotripsy 2 = Ureteral stent 3 = Ureteroscopy 4 = Laser Blast 5 = Other
	b. Date:	**FSRGDATE**	☐☐ / ☐☐ / ☐☐☐☐
20.	Have you experienced any adverse events not mentioned above? **FAE**		Y N

Please complete the Adverse Event Form (ST12) for any adverse experience reported by the participant that is serious or _not_ captured on this form. Adverse events may include, but are not limited to: drug reaction, side effect (not listed above), abnormal laboratory value, hospitalization, other complication or pre-existing condition that worsened.

Please contact the Coordinating Center with any questions.

STONE ID Number:

1.	Follow-up CT performed?	**DCTPERF**	Y N

	If NO, a. Reason:	**DNOCTRSN**	1 = Refused 2 = Captured/seen stone 3 = CT or scan already done 4 = Urologist recommendation 5 = Radiation exposure 6 = Surgical intervention 9 = Other

If study CT performed, CONTINUE.
If no study CT performed, STOP.

2.	Date of scan (mm/dd/yyyy):	**DDATE**	☐☐ / ☐☐ / ☐☐☐☐
3.	Initials of person completing this form:	**DINITS**	☐☐☐
4.	Performed follow-up CT for study?	**DDAY28CT**	Y N
5.	CT result:	**DCTSTONE**	0 = No stones 1 = Single stone 2 = Multiple stones

If there are no stones (0), SKIP to question 10.

6.	Number of stones:	**DNUMSTN**	☐☐
7.	Side of stone(s):	**DSIDESTN**	1 = Left 2 = Right 3 = Bilateral
8.	Location of additional stone(s):		**(more than one may apply)**

	a. Renal pelvis	**DLRENPEL**	Y N
	b. Proximal ureter	**DLPROXUR**	Y N
	c. Mid ureter	**DLMIDUR**	Y N
	d. Distal ureter	**DLDISTUR**	Y N
	e. UVJ	**DLUVJ**	Y N
	f. Kidney	**DKIDNEY**	Y N

9.	Diameter of largest stone:	**DSIZELG**	☐☐.☐ mm
10.	Hydronephrosis?	**DHYDRON**	Y N
11.	Stranding?	**DSTRAND**	Y N
12.	Initials of radiologist reading images:	**DRDINITS**	☐☐☐