Screening number **S** ☐☐☐☐

NIH - BPH TRIAL

MEDICATION RUN-IN INFORMATION

> This form is to be started at Screening Visit 2 and completed at the randomization visit.

Part I / RUN-IN INITIATION

A. Underline 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. Run-in Initiation Information

1. Date run-in initiated **(DVSTDT)** ☐☐ ☐☐ ☐☐
   month day year

Part II / COMPLIANCE

C. Compliance Information

1. Date run-in completed (date of randomization visit) **(DCRDT)** ☐☐ ☐☐ ☐☐
   month day year

2. Number of days since last visit (question C.1 - B.1) **(DCDAYS)** ☐☐

> If question C.2 is greater than 42 days, the patient is ineligible to be randomized.

D. Doxazosin Compliance

1. Number of doxazosin run-in tablets dispensed **(DCDDIS)** ☐☐

2. Number of doxazosin run-in tablets returned **(DCDRET)** ☐☐

3. Compliance **(DCDCOMP)**

$$\frac{\text{tabs dispensed (\#1) - tabs returned (\#2)}}{\text{days since last visit (question C.2)}} \times 100 \quad \boxed{\ \ \ \ }\ \%$$

E. Finasteride Compliance

1. Number of finasteride run-in tablets dispensed **(DCFDIS)** ☐☐

2. Number of finasteride run-in tablets returned **(DCFRET)** ☐☐

3. Compliance **(DCFCOMP)**

$$\frac{\text{tabs dispensed (\#1) - tabs returned (\#2)}}{\text{days since last visit (question C.2)}} \times 100 \quad \boxed{\ \ \ \ }\ \%$$

Initials of person completing form **(FORMIN)** ☐☐☐☐
first   last

Form entered in computer? ☐