

Screening number **S**

NIH - BPH TRIAL

SCREENING VISIT 2 INVENTORY

This form is to be completed at Screening Visit 2. At this visit, also complete AUA Symptom Questionnaire (Form Q01), the Health Survey Questionnaire (Form Q03) and begin completing the Medication Run-in Information (Form B05).

Part I / IDENTIFICATION

A. 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. Visit Information

1. Date of visit (VVSTDT)
month day year

Part II / VITAL SIGNS AND UROFLOW MEASUREMENTS

C. Blood Pressure Readings

1. Supine Blood Pressure (After lying 5 minutes)

a. Blood Pressure (VBPLS)/(VBPLD) / mmHg

If the supine blood pressure is < 90 mmHg systolic OR < 70 mmHg diastolic, the patient is excluded from the study.

b. Heart Rate (VBPLHR) bpm

2. Standing Blood Pressure (Immediately)

a. Blood Pressure Reading 1 (VBPSS1)/(VBPSD1) / mmHg

b. Heart Rate 1 (VBPSHR1) bpm

Wait 2 minutes

c. Blood Pressure Reading 2 (VBPSS2)/(VBPSD2) / mmHg

d. Heart Rate 2 (VBPSHR2) bpm

