

NIH - BPH TRIAL

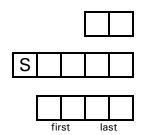
SCREENING VISIT 2 INVENTORY

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).

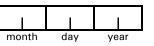
Part I / IDENTIFICATION

A. Patient Identification

- 1. Clinic number (CLINIC)
- 2. Screening number (SCREEN)
- 3. Patient's initials (INITS)
- 4. Patient's date of birth (DOB)
- B. Visit Information
- 1. Date of visit (VVSTDT)







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
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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

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 D. <u>Orthostatic Hypotension</u> YES NO 1. Did the patient have orthostatic hypotension? (VORTHYP) 					
Orthostatic hypotension is defined as a decrease of more than 20mmHg in supine to standing systolic blood pressure or a decrease of more than 10mmHg in supine to standing diastolic blood pressure (in either standing blood pressure reading) or the development of significant postural hypotension.					
If D.1 is answered YES, the patient is excluded from the study.					
E. Uroflow Measurements					
1. Voiding Time (VUMVT) sec					
2. Flow Time (VUMFT) sec					
3. Time to Maximum Flow (VUMTMF) sec					
4. Maximum Flow Rate (VUMMXFR) ml/sec					
If E.4 is < 4.0 or > 15.0 ml/sec, the patient is ineligible for the study.					
5. Mean Flow Rate (VUMMNFR)					
6. Voided Volume (VUMVV) ml					
If E.6 is < 125 ml, the patient is ineligible for the study.					
7. Post Void Residual (VUMPVR) ml					
Mark the date and patient number (either screening or study number) on each printout. Make two copies of the uroflow printout. One copy is filed with the source documents; the other along with the original printout is placed in the envelope in the patient's binder.					
Initials of person completing form (FORMIN)					

Initials of person completing form (FORMIN)			Form entered in computer?
	first	last	
Signature of P.I.			Date