FORM NUMBER = (FORM)
FORM VERSION = (VERS)

Patient number ☐☐☐☐☐ Date of visit ☐☐ month ☐☐ day ☐☐ year

NIH - BPH TRIAL

TITRATION VISIT INVENTORY

This form should be completed at End-Week 3 and End-Week 4 of any titration period.

Part I / IDENTIFICATION

A. Patient Identification

1. Patient number **(PATID)** ☐☐☐☐☐ clinic patient
2. Patient's initials **(INITS)** ☐☐☐☐ first last
3. Patient's date of birth **(DOB)** ☐☐ month ☐☐ day ☐☐ year

B. Visit Information

1. Date of visit **(KVSTDT)** ☐☐ month ☐☐ day ☐☐ year
2. Week of visit **(KVIWK)** ☐☐☐

Part II / VITAL SIGNS

C. Blood Pressure Readings

1. Supine Blood Pressure (After lying 5 minutes)
   a. Blood Pressure Reading **(KBPLS)/(KBPLD)** ☐☐☐ / ☐☐☐ mmHg
   b. Heart Rate **(KBPLHR)** ☐☐☐ bpm
2. Standing Blood Pressure (Immediately)
   a. Blood Pressure Reading 1 **(KBPSS1)/(KBPSD1)** ☐☐☐ / ☐☐☐ mmHg
   b. Heart Rate 1 **(KBPSHR1)** ☐☐☐ bpm

Wait 2 minutes

   c. Blood Pressure Reading 2 **(KBPSS2)/(KBPSD2)** ☐☐☐ / ☐☐☐ mmHg
   d. Heart Rate 2 **(KBPSHR2)** ☐☐☐ bpm

D. Orthostatic Hypotension

1. Did the patient have orthostatic hypotension? **(KORTHYP)** YES ☐ 1 NO ☐ 2

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.

Patient number ☐☐☐☐☐ Date of visit ☐☐ month ☐☐ day ☐☐ year

Part III / MEDICATION DISPENSING AND COMPLIANCE AND ADVERSE EVENTS

E. Number of days since last visit **(KCDAYS)** ☐☐☐

F. Doxazosin Compliance

If doxazosin was dispensed at the last visit, returned and/or dispensed today, CONTINUE.
If not, SKIP to Section G.

1. Dose of doxazosin **(KCDDOSE)** 1 mg ☐1 2 mg ☐2 4 mg ☐3 8 mg ☐4

2. Number of doxazosin tablets dispensed at the last visit **(KCDDISL)** ☐☐☐

3. Number of doxazosin tablets returned today **(KCDRET)** ☐☐☐

4. Compliance **(KCDCOMP)**

$$\frac{\text{tabs dispensed (\#2) - tabs returned (\#3)}}{\text{days since last visit (question E)}} \times 100$$ ☐☐☐☐☐ %

NOTE: Counsel patient if less than 80% compliant with doxazosin.

5. Number of doxazosin tablets dispensed today **(KCDDIST)** ☐☐☐

G. Finasteride Compliance

If finasteride was dispensed at the last visit, returned and/or dispensed today, CONTINUE.
If not, SKIP to Section H.

1. Number of finasteride tablets dispensed at the last visit **(KCFDISL)** ☐☐☐

2. Number of finasteride tablets returned today **(KCFRET)** ☐☐☐

3. Compliance **(KCFCOMP)**

$$\frac{\text{tabs dispensed (\#1) - tabs returned (\#2)}}{\text{days since last visit (question E)}} \times 100$$ ☐☐☐☐☐ %

NOTE: Counsel patient if less than 80% compliant with finasteride.

4. Number of finasteride tablets dispensed today **(KCFDIST)** ☐☐☐

Patient number | | | | | | Date of visit | | | | month day year

H. Concomitant Medications

	YES	NO
1. Is the patient currently taking coded doxazosin? **(KCDCODE)**	1	2
2. Is the patient currently taking coded finasteride? **(KCFCODE)**	1	2
3. Is the patient currently taking any medication other than the coded medications? **(KCMCON)**	1	2

If YES, list below:

a.	**(KCMCONA) (KCMCODA)**	f.	**(KCMCONF) (KCMCODF)**
b.	**(KCMCONB) (KCMCODB)**	g.	**(KCMCONG) (KCMCODG)**
c.	**(KCMCONC) (KCMCODC)**	h.	**(KCMCONH) (KCMCODH)**
d.	**(KCMCOND) (KCMCODD)**	i.	**(KCMCONI) (KCMCODI)**
e.	**(KCMCONE) (KCMCODE)**	j.	**(KCMCONJ) (KCMCODJ)**

I. Adverse Events

	YES	NO
1. Since the last scheduled follow-up visit, has the patient had any adverse experiences, drug reactions, side effects, abnormal laboratory values, hospitalizations, coded medications, other complications or pre-existing conditions that worsened? **(KAELVST)**	1	2

If YES, an Adverse Event Report (Form E05) MUST be completed.

Initials of person completing form **(FORMIN)** | | | | | first last Form entered in computer? ☐