STONE: CLINICAL SCREENING FORM

G Site	Participant ID (Obtain from drug label) ☐☐☐☐

1.	Visit date (mm/dd/yyyy) **SDATE**		☐☐/☐☐/☐☐☐☐
2.	Name of person completing this form_____		Initials **SINITS** ☐☐☐
A. Demographics and Social Characteristics			
3.	Age **SAGE**		☐☐ years (not eligible if < 18 years)
4.	Sex **SSEX**		☐1 Female ☐2 Male
5.	Race/ethnicity		
	a.	Do you consider yourself Hispanic or Latino?	☐0 No ☐1 Yes ☐2 Unknown **SETHN**
	b.	Race (check only one) **SRACE**	
		☐1 Native American or Alaska Native	☐4 Black or African-American
		☐2 Asian	☐5 White
		☐3 Native Hawaiian or Other Pacific Islander	☐6 Unknown or Not Reported
B. Current Medications			
6.	Are you allergic to tamsulosin **SALLTAM**		☐0 No (or unknown) ☐1 Yes
7.	Do you take any medication on a regular basis?		☐0 No ☐1 Yes **SMEDS**
8.	If yes, list current medications **SMEDSX** _____ _____ _____ _____ _____ _____ _____ _____		
Patient is NOT ELIGIBLE if on insulin, oral hypoglycemics, or calcium channel blockers			
C. Symptoms			
9.	List symptoms		**Check all that apply**
o	a.	Increased need to urinate **SURIN**	☐1
o	b.	Urinating more often at night **SURNGHT**	☐1
o	c.	Pain when urinating **SPAINUR**	☐1
o	d.	Feeling of not emptying bladder completely **SNOTEMP**	☐1
o	e.	Side pain ('Flank' pain) **SSIDEP**	☐1
o	f.	Nausea **SNAUSEA**	☐1
o	g.	Vomiting **SVOMIT**	☐1

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9. List symptoms (continued)			**Check all that apply**
o	h. Dizzy	**SDIZZY**	☐1
o	i. Chest pain	**SCHPAIN**	☐1
o	j. Fever	**SFEVER**	☐1

D. Medical History (by report)

10.	Past history of kidney stones?	**SHXKSTN**	☐0 No ☐1 Yes
	If yes, **SNUMSTN** a. How many episodes? ☐	**SDTSTN** b. Date of most recent episode ☐☐/☐☐/☐☐☐☐	
11.	Family history of kidney stones (parents/siblings)?	**SFAMHX**	☐0 No ☐1 Yes
12.	Have you had a kidney transplant or donated a kidney?	**STRANSP**	☐0 No ☐1 Yes
13.	Have you had surgery for stones in the kidney or renal system?	**SSURG**	☐0 No ☐1 Yes

E. Initial Vital Signs

Initial (recorded at triage)

14.	Blood pressure	☐☐☐ / ☐☐☐ mmHg	**SIBPSYS / SIBPDIA**
15.	Heart rate	☐☐☐ bpm	**SIHR**
16.	RR	☐☐	**SIRR**
17.	Temperature **SITEMP**	☐☐☐ . ☐ °F (Patient not eligible if temp>101.5 °F)	

F. Urine Results

Urinalysis – dipstick: **SDIPGLUC ---- SDIPBLD ---- SDIPWBC**

		0	*Trace*	*1+*	*2+*	*3+*	*4+*
18.	Glucose	☐0	☐1	☐2	☐3	☐4	☐5
19.	Blood	☐0	☐1	☐2	☐3	☐4	☐5
20.	White cells	☐0	☐1	☐2	☐3	☐4	☐5

21.	Was an HCG done? ☐0 No or not indicated (e.g. hysterectomy, tubal ligation, post menopause or male) ☐1 Yes if yes, record result below	**SHCG**	
	a. **If Yes,** HCG result	**SHCGRES**	☐0 Negative ☐1 Positive (not eligible)
22.	Was Urinalysis microscopy done?	**SMICRO**	☐0 No (If No, skip to 26) ☐1 Yes

		none, negative, WNL	*1-5, trace, present, slight, rare*	*6-15, moderate*	*16-30, many, frequent*	*> 30, innumerable, TNTC*	
23.	Blood	☐0	☐1	☐2	☐3	☐4	**SMICBLD**
24.	White cells	☐0	☐1	☐2	☐3	☐4	**SMICWBC**
25.	Bacteria	☐0	☐1	☐2	☐3	☐4	**SMICBACT**

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G. X-ray & CT scan results			
For KUB:			
26. Was a KUB done? (if No, skip to 31)		**RKUB**	☐0 No ☐1 Yes
27. Was a stone noted? **RKSTONE** ☐0 No stone noted ☐1 Yes, one stone ☐2 Yes, multiple stones a. **If Yes**, largest dimension: ☐☐mm (not eligible if if larger than 9mm) **RKLARGST**			
Report by radiologist (may be filled out later)			
28.	"Possible stone"?	**RKPOSS**	☐0 No ☐1 Yes
29.	Phlebolith?	**RKPHLEB**	☐0 No ☐1 Yes
30.	Bilateral stones?	**RKBILAT**	☐0 No ☐1 Yes
For CT scan:			
31.	Was a stone noted? **RCTSTONE** ☐0 No stone noted ☐1 Yes, one stone ☐2 Yes, multiple stones a. **If Yes**, largest dimension: ☐☐mm (not eligible if larger than 9mm) **RLARGEST**		
32.	Hydronephrosis?	**RHYDRON**	☐0 No ☐1 Yes
33.	Stranding?	**RSTRAND**	☐0 No ☐1 Yes
34.	Bilateral stones?	**RBILAT**	☐0 No ☐1 Yes
35.	Stone location		**Check all that apply if multiple stones**
	a. Renal pelvis	**RLRENPEL**	☐1
	b. Proximal ureter	**RLPROXUR**	☐1
	c. Mid ureter	**RLPROXUR**	☐1
	d. Distal ureter	**RLDISTUR**	☐1
	e. UVJ	**RLUVJ**	☐1
	f. Bladder	**RLBLAD**	☐1
	g. Location not specified	**RLNOTSPC**	☐1
36.	"Possible stone"?	**RCTPOSS**	☐0 No ☐1 Yes
37.	Phlebolith?	**RCTPHLEB**	☐0 No ☐1 Yes

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38.	Other CT findings		Check all that apply
	a. Appendicitis	**RCTAPPEN**	☐1
	b. Diverticulitis	**RCTDIVER**	☐1
	c. Inflammatory bowel disease	**RCTINFLA**	☐1
	d. Aortic aneurysm	**RCTAORT**	☐1
	e. Abdominal mass	**RCTABDO**	☐1
	f. Fibroids	**RCTFIBR**	☐1
	g. Pelvic mass	**RCTPELMS**	☐1
	h. Solitary kidney (if yes patient is not eligible)	**RCTSINGL**	☐1
	i. Other i) Specify:	**RCTOTHER**	☐1

H. Blood Tests and Results

39.	Was a CBC obtained?	**SCBC**	☐0 No	**If no, skip to 41**	☐1 Yes
40.	Were there any abnormalities?	**SCBCABN**	☐0 No	**If no, skip to 41**	☐1 Yes

	If Yes, CBC abnormalities:		Check all that apply
	a. Raised WBC	**SWBCABN**	☐1
	b. Low WBC	**SWBCABN**	☐1
	c. Raised HCT	**SHCTABN**	☐1
	d. Low HCT	**SHCTABN**	☐1
	e. Raised platelets	**SPLATABN**	☐1
	f. Low platelets	**SPLATABN**	☐1

STONE: CLINICAL SCREENING FORM

G Site	Participant ID (Obtain from drug label) ☐☐☐☐

41.	Was a blood chemistry obtained?	**SCHEM**	☐0 No	**If no, skip to 43**	☐1 Yes
42.	Were there any abnormalities?	**SCHEMABN**	☐0 No	**If no, skip to 43**	☐1 Yes
	If Yes, blood chemistry abnormalities:				**Check all that apply**
	a. Raised Na	**SNAABN**			☐1
	b. Low Na	**SNAABN**			☐1
	c. Raised K	**SKABN**			☐1
	d. Low K	**SKABN**			☐1
	e. Raised CO2	**SCO2ABN**			☐1
	f. Low CO2	**SCO2ABN**			☐1
	g. Raised BUN	**SBUNABN**			☐1
	h. Low BUN	**SBUNABN**			☐1
	i. Raised creatinine (if >2.6 in a male or 3.5 in a female, pt is not eligible)				☐1
	j. Low creatinine	**SCRTABN**			☐1
	k. Raised glucose	**SGLUCABN**			☐1
	l. Low glucose	**SGLUCABN**			☐1

I. Discharge from ED

43.	Stone expelled in the ED?	**SEXPEL**	☐0 No ☐1 Yes (If yes, not eligible)
44.	Final primary ED diagnosis	**SFINDX**	☐1 Renal colic ☐2 Nephrolithiasis ☐3 Other
	a. If Other, **specify**:	**SFINDXX**	
45.	Patient admitted?	**SADMIT**	☐0 No ☐1 Yes (If yes, not eligible)
	a. **If yes**, to which service?	**SADMSERV**	☐1 Urology ☐2 Surgery ☐3 Medicine ☐4 Other
	i) If Other, **specify**:	**SADMSRVX**	

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Discharge vital signs (use last set recorded)			
46.	Blood pressure	☐☐☐ / ☐☐☐ mmHg	**SDBPSYS / SDBPDIA**
47.	Heart rate	☐☐☐ bpm	**SDHR**
48.	RR	☐☐	**SDRR**
49.	Temperature	☐☐☐ . ☐ °F (Patient not eligible if temp>101.5 °F)	**SDTEMP**

PLEASE ENSURE THAT ALL DATA AND RADIOLOGY RESULTS HAVE BEEN RECORDED BEFORE COMPLETION OF THIS FORM

THE FOLLOWING CT SCAN QUESTIONS WERE NOT INCLUDED ON THE ORIGINAL FORM, BUT WERE KEYED IN THE DATABASE FOLLOWING THE INITIAL ENTRY.

For CT scan:			
	Side of symptomatic stone	**RSIDESYM**	☐ 1 = Left 2 = Right
	Location of symptomatic stone	**RLOCASYM**	☐ 1 = Renal Pelvis 2 = Proximal ureter 3 = Mid ureter 4 = Distal ureter 5 = UVJ
	Size of symptomatic stone	**RSIZESYM**	☐☐ . ☐ mm
	Side of additional stones	**RSIDELOC**	☐ 1 = Left 2 = Right 3 = Bilateral

END OF FORM

STONE: FOLLOW-UP FORM

G Site	Participant ID (Obtain from drug label) ☐☐☐☐	Post ED Visit day NUMBER ☐☐

1.	Date of contact	**FDATE**	☐☐/☐☐/☐☐☐☐
2.	Name of person completing this form_____	**FINITS**	Initials ☐☐☐
3.	Was patient **unable** to be reached?	**FREACH**	☐0 No ☐1 Yes

If question 3 is checked Yes, STOP.
If Day 90 contact, SKIP to question 8.

4.	Have you taken the study medication	**FSTDYMED**	☐0 No ☐1 Yes
	If yes, a. How many doses since the last interview ?	**FSMEDDOS**	☐☐
5.	Are you taking a NSAID?	**FNSAID**	☐0 No ☐1 Yes
	If yes, a. What dose? ☐☐☐ mg **FNSDOS** b. How many pills have you taken since the last phone contact? ☐☐ pills **FNSNUM**		
6.	Are you taking a Percocet?	**FPERC**	☐0 No ☐1 Yes
	If yes, a. What dose? ☐☐☐ mg **FPERCDOS** b. How many pills have you taken since the last phone contact? ☐☐ pills **FPERCNUM**		
7.	Are you taking another analgesic?	**FANALG**	☐0 No ☐1 Yes
	If yes, a. Specify: ☐ **FANALGX** b. What dose? ☐☐☐ mg **FANDOS** c. How many pills have you taken since the last phone contact? ☐☐ pills **FANNUM**		
8.	Are you employed?	**FEMPLOYD**	☐0 No ☐1 Yes
	If yes, a. Have you returned to work?	**FRETWORK**	☐0 No ☐1 Yes

9.	Have you noted any of the following?		
	a. Feeling dizzy (any time)	**FDIZZY**	☐0 No ☐1 Yes
	b. Feeling dizzy on standing up	**FDIZSTND**	☐0 No ☐1 Yes
	c. Burning, stinging when urinating or needing to urinate more often?	**FURINATE**	☐0 No ☐1 Yes
	d. Abnormalities of ejaculation	**FABNEJAC**	☐0 No ☐1 Yes ☐3 NA- female patient

STONE: FOLLOW-UP FORM

G Site	Participant ID (Obtain from drug label) ☐☐☐☐	Post ED Visit day NUMBER ☐☐

10.	Have you had a follow-up visit with a doctor for the stone? **FFUPVST**	☐$_0$ No ☐$_1$ Yes
	If yes, a. Name of MD:_____ b. Phone (if possible) _____ c. Date of visit ☐☐/☐☐/☐☐☐☐ **FFUPDATE** **FFUPSPEC** d. Specialty: ☐$_1$ PCP ☐$_2$ Urologist ☐$_3$ Other i) **If other, specify** **FFUPSPCX**	
11.	Have you returned to the ER because of the stone? **FRETER**	☐$_0$ No ☐$_1$ Yes
	If yes, a. Which ER?_____ b. Date of visit ☐☐/☐☐/☐☐☐☐ **FERDATE** c. Did you have any of these procedures? ☐$_0$ No ☐$_1$ Yes –x-rays ☐$_2$ Yes –CT **FERXRAY** **FERCT** d. Give brief narrative of reason for visit and outcome below:	
12.	Have you been hospitalized because of the stone? **FHOSP**	☐$_0$ No ☐$_1$ Yes
	If yes, a. Which hospital? _____ b. Date of hospitalization ☐☐/☐☐/☐☐☐☐ **FHSPDATE** c. How many nights did you spend in the hospital? ☐☐ nights **FHSPNITE** d. Give brief narrative of reason for visit and outcome below:	
13.	Have you expelled the stone? **FEXPEL**	☐$_0$ No ☐$_1$ Seen ☐$_2$ Captured
	If Seen or Captured, a. Date ☐☐/☐☐/☐☐☐☐ **FEXPDATE**	
14.	Have you had or been scheduled for surgical intervention for stone? **FSURG**	☐$_0$ No ☐$_1$ Yes
	If yes, a. Type of procedure **FSURGTYP** ☐$_1$ Lithotripsy ☐$_2$ Ureteral stent ☐$_3$ Ureteroscopy (no stent) ☐$_4$ Other **i) If Other**, specify type: **FSRGTYPX**	

END OF FOLLOW UP FORM