

Screening number

S				
---	--	--	--	--

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

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

--	--	--	--

 %

E. Finasteride Compliance

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

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

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

--	--	--	--

 %

Initials of person completing form (FORMIN)

first		last	

Form entered in computer?

--