

Screening number

NIH - BPH TRIAL

RECRUITMENT SOURCE TRACKING INFORMATION

This form is to be completed at Screening Visit 1 in order to track recruitment sources.

Part I / IDENTIFICATION

A. Patient Identification

1. Clinic number (CLINIC)

2. Screening number (SCREEN)

3. Patient's initials (INITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

4. Patient's date of birth (DOB)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

B. Visit Information

1. Date of Screening Visit 1 (OVISV1D)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

2. How did the patient find out about the study? (OVIFIND)

- ☐ 1 Community Event / Presentation
☐ 2 Physician, Clinic or Medical Records
☐ 3 Newspaper
☐ 4 Television
☐ 5 Radio

- ☐ 6 Poster or Display
☐ 7 Mailing
☐ 8 Newsletter
☐ 9 Word of Mouth
☐ 10 Other

3. Did the patient contact the national 800 number? (OVI800)

YES	NO
<input type="text" value="1"/>	<input type="text" value="2"/>

Initials of person completing form (FORMIN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

Form entered in computer?

☐