

Screening number

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BPH FORM B03.1

October, 1993

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FORM NUMBER = (FORM)

FORM VERSION = (VERS)

## NIH - BPH CLINICAL TRIAL: PILOT STUDY

### SCREENING VISIT 2 INVENTORY

This form is to be completed at Screening Visit 2. At this visit, also complete AUA Symptom Questionnaire (Form Q01), TRUS and Biopsy Information (Form P01) and Urodynamics Information (Form P02).

#### Part I / IDENTIFICATION

##### A. Patient Identification

1. Clinic number (CLINIC)

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2. Screening number (SCREEN)

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3. Patient's initials (INITS)

first		last	

4. Patient's date of birth (DOB)

month	day	year

##### B. Visit Information

1. Date of visit (VVSTDT)

month	day	year

#### Part II / VITAL SIGNS

##### C. Blood Pressure Readings

1. Supine Blood Pressure (After lying 5 minutes)

a. Heart Rate (VBPLHR)

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 bpm

b. Blood Pressure Reading (VBPLS)/(VBPLD)

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 mmHg

If the supine blood pressure is < 90/70 mmHg, the patient is excluded from the study.

2. Standing Blood Pressure (Immediately)

a. Heart Rate 1 (VBPSHR1)

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 bpm

b. Blood Pressure Reading 1 (VBPSS1)/(VBPSD1)

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 mmHg

Wait 2 minutes

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c. Heart Rate 2 (VBPSHR2)

bpm

d. Blood Pressure Reading 2 (VBPSS2)/(VBPSD2)

/    mmHg

D. Orthostatic Hypotension

1. Did the patient have orthostatic hypotension? (VORTHYP)

YES NO  
1 2

Orthostatic hypotension is defined as a decrease of 20mmHg or more in supine to standing systolic blood pressure or a decrease of 10mmHg or more in supine to standing diastolic blood pressure 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)

.  ml/sec

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)

first last

Date form completed

(FORMDT)

month day year

Signature

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