

Screening number **S**

BPH FORM B03.2

April, 1995

Page 1 of 2

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

## NIH - BPH TRIAL

### SCREENING VISIT 2 INVENTORY

This form is to be completed at Screening Visit 2. At this visit, also complete AUA Symptom Questionnaire (Form Q01), the Health Survey Questionnaire (Form Q03) and begin completing the Medication Run-in Information (Form B05).

#### Part I / IDENTIFICATION

##### 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. Visit Information

1. Date of visit **(VVSTDT)**

    
month day year

#### Part II / VITAL SIGNS AND UROFLOW MEASUREMENTS

##### C. Blood Pressure Readings

1. Supine Blood Pressure (After lying 5 minutes)

a. Blood Pressure **(VBPLS)/(VBPLD)**

 /  mmHg

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

b. Heart Rate **(VBPLHR)**

 bpm

2. Standing Blood Pressure (Immediately)

a. Blood Pressure Reading 1 **(VBPSS1)/(VBPSD1)**

 /  mmHg

b. Heart Rate 1 **(VBPSHR1)**

 bpm

Wait 2 minutes

c. Blood Pressure Reading 2 **(VBPSS2)/(VBPSD2)**

 /  mmHg

d. Heart Rate 2 **(VBPSHR2)**

 bpm

Screening number

S				
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D. Orthostatic Hypotension

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

YES

NO

1
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2
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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.

If D.1 is answered YES, the patient is excluded from the study.

E. Uroflow Measurements

1. Voiding Time (VUMVT)

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 sec

2. Flow Time (VUMFT)

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 sec

3. Time to Maximum Flow (VUMTMF)

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 sec

4. Maximum Flow Rate (VUMMXFR)

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 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)

		.	
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 ml/sec

6. Voided Volume (VUMVV)

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 ml

If E.6 is < 125 ml, the patient is ineligible for the study.

7. Post Void Residual (VUMPVR)

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 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	

Form entered in computer?

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Signature of P.I.

\_\_\_\_\_ Date \_\_\_\_\_