

Patient number

Date of visit     
month day year

BPH FORM F06.2

November, 1999

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

## NIH - BPH TRIAL

### TITRATION VISIT INVENTORY

This form should be completed at End-Week 3 and End-Week 4 of any titration period.

#### Part I / IDENTIFICATION

##### A. Patient Identification

1. Patient number (PATID)

clinic patient

2. Patient's initials (INITS)

first last

3. Patient's date of birth (DOB)

month day year

##### B. Visit Information

1. Date of visit (KVSTDT)

month day year

2. Week of visit (KVIWK)

#### Part II / VITAL SIGNS

##### C. Blood Pressure Readings

1. Supine Blood Pressure (After lying 5 minutes)

a. Blood Pressure Reading (KBPLS)/(KBPLD)

/  mmHg

b. Heart Rate (KBPLHR)

bpm

2. Standing Blood Pressure (Immediately)

a. Blood Pressure Reading 1 (KBPSS1)/(KBPSD1)

/  mmHg

b. Heart Rate 1 (KBPSHR1)

bpm

Wait 2 minutes

c. Blood Pressure Reading 2 (KBPSS2)/(KBPSD2)

/  mmHg

d. Heart Rate 2 (KBPSHR2)

bpm

##### D. Orthostatic Hypotension

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

YES NO  
   
1 2

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.

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Part III / MEDICATION DISPENSING AND COMPLIANCE AND ADVERSE EVENTS

E. Number of days since last visit (KCDAYS)

  

F. Doxazosin Compliance

If doxazosin was dispensed at the last visit, returned and/or dispensed today, CONTINUE. If not, SKIP to Section G.

- |   |  |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|
|   | 1 mg   | 2 mg                 | 4 mg                 | 8 mg                 |
| 1. Dose of doxazosin (KCDDOSE)  | <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Number of doxazosin tablets dispensed at the last visit (KCDDISL)  | <input type="text"/> <input type="text"/> <input type="text"/>   |                      |                      |                      |
| 3. Number of doxazosin tablets returned today (KCDRET)  | <input type="text"/> <input type="text"/> <input type="text"/>   |                      |                      |                      |
| 4. Compliance (KCDCOMP)   |  |                      |                      |                      |
| $\frac{\text{tabs dispensed (\#2)} - \text{tabs returned (\#3)}}{\text{days since last visit (question E)}} \times 100$ |  |                      |                      |                      |
|   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % |                      |                      |                      |

NOTE: Counsel patient if less than 80% compliant with doxazosin.

5. Number of doxazosin tablets dispensed today (KCDDIST)

  

G. Finasteride Compliance

If finasteride was dispensed at the last visit, returned and/or dispensed today, CONTINUE. If not, SKIP to Section H.

- |   |  |
|---|--|
| 1. Number of finasteride tablets dispensed at the last visit (KCFDISL)  | <input type="text"/> <input type="text"/> <input type="text"/>   |
| 2. Number of finasteride tablets returned today (KCFRET)  | <input type="text"/> <input type="text"/> <input type="text"/>   |
| 3. Compliance (KCFCOMP)   |  |
| $\frac{\text{tabs dispensed (\#1)} - \text{tabs returned (\#2)}}{\text{days since last visit (question E)}} \times 100$ |  |
|   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % |

NOTE: Counsel patient if less than 80% compliant with finasteride.

4. Number of finasteride tablets dispensed today (KCFDIST)

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H. Concomitant Medications

- |  | YES                    | NO                     |
|--|------------------------|------------------------|
| 1. Is the patient currently taking coded doxazosin? (KCDCODE)                                | <input type="text"/> 1 | <input type="text"/> 2 |
| 2. Is the patient currently taking coded finasteride? (KCFCODE)                              | <input type="text"/> 1 | <input type="text"/> 2 |
| 3. Is the patient currently taking any medication other than the coded medications? (KCMCON) | <input type="text"/> 1 | <input type="text"/> 2 |

If YES, list below:

a.	(KCMCONA)	(KCMCODA)	<input type="text"/>	f.	(KCMCONF)	(KCMCODF)	<input type="text"/>
b.	(KCMCONB)	(KCMCOdB)	<input type="text"/>	g.	(KCMCONG)	(KCMCODG)	<input type="text"/>
c.	(KCMCONC)	(KCMCODC)	<input type="text"/>	h.	(KCMCONH)	(KCMCODH)	<input type="text"/>
d.	(KCMCOND)	(KCMCodd)	<input type="text"/>	i.	(KCMCONI)	(KCMCODI)	<input type="text"/>
e.	(KCMCONE)	(KCMCODE)	<input type="text"/>	j.	(KCMCONJ)	(KCMCODJ)	<input type="text"/>

4. Has the patient taken viagra (sildenafil citrate) since the last visit? (KCMVIAG)  1  2

I. Adverse Events

- |  | YES                    | NO                     |
|--|------------------------|------------------------|
| 1. Since the last scheduled follow-up visit, has the patient had any adverse experiences, drug reactions, side effects, abnormal laboratory values, hospitalizations, coded medications, other complications or pre-existing conditions that worsened? (KAELVST) | <input type="text"/> 1 | <input type="text"/> 2 |

If YES, an Adverse Event Report (Form E05) MUST be completed.

Initials of person completing form (FORMIN)      
first last

Form entered in computer?