

BETA BLOCKER HEART ATTACK TRIAL
ASSESSMENT OF BLINDNESS QUESTIONNAIRE

1
1, 2, 3

The Clinic Coordinator and the Project Physician most familiar with the patient should independently complete this questionnaire for each patient enrolled in the clinic.

1. BHAT Identification Number:

2 3 4
4, 5 6, 7, 8, 9, 10 11, 12

2. Patient Acrostic:

5
13, 14, 15, 16, 17, 18

3. Date Form Completed

11
44 45 46 47 48 49
month day year

4. How certain are you about the medication assignment?

- 12 50
1 I am certain it was propranolol
2 I think it was probably propranolol
3 I have absolutely no idea which treatment the patient was assigned
4 I think it was probably placebo
5 I am certain it was placebo

5. If you answered Question 4 as "I have absolutely no idea which treatment the patient was assigned", which medication would you guess that the patient was assigned?

- 13 51
1 Propranolol
2 Placebo

6. Person Completing This Form

1 Clinic Coordinator 2 Project Physician

14
52 53
Code

15 54

- 6 EDIT STATUS 19,20 8 DATE RECEIVED 29-34
7 BATCH NUMBER 21-28 9 UPDATE NUMBER 35-37
10 DATE LAST PROCESSED 38-43