FORM APPROVED
OMB NO. 68-S78062
EXPIRES 6/83

Form 012 (1) [1,2,3]

BHAT
INTERIM VISIT

(6) EDIT STATUS 19,20

Complete at every non-scheduled BHAT visit and send to Coordinating Center.

1. Patient ID # (2) [4,5] (3) [6,7,8,9,10] (4) [11,12]

(7) BATCH NUMBER 21-28

(8) DATE RECEIVED 29-34

(9) UPDATE NUMBER 35-37

2. Acrostic (5) [13,14,15,16,17,18]

3. Date information obtained ..... (11) [44,45] month [46,47] day [48,49] year

4. Patient voluntarily stated that the following occurred: (10) DATE LAST PROCESSED 38-43

			1 YES
a.	Faintness or light-headedness when standing up quickly	50	(12) ☐
b.	Problem with heart beating fast or skipping beats	51	☐ (13)
c.	Blacking out or losing consciousness	52	(14) ☐
d.	Frequent depression that interferred with work, recreation, or sleep	53	☐ (15)
e.	Unusual tiredness or fatigue during ordinary activities	54	(16) ☐
f.	Frequent nightmares or vivid dreams	55	☐ (17)
g.	Hallucinations	56	(18) ☐
h.	Blurred vision	57	☐ (19)
i.	Recurrent insomnia or problems with waking up too early	58	(20) ☐
j.	Recurrent nausea and/or vomiting	59	☐ (21)
k.	Recurrent abdominal pain or cramping	60	(22) ☐
l.	Recurrent diarrhea	61	☐ (23)
m.	Recurrent constipation	62	(24) ☐
n.	Recurrent bronchospasm (wheezing in the chest)	63	☐ (25)
o.	Recurrent muscle cramps	64	(26) ☐
p.	Problems with hands or feet being extremely cold	65	☐ (27)
q.	Problems with burning, prickling, or tingling in hands	66	(28) ☐
r.	Problems with flushing	67	☐ (29)
s.	Problems with dry mouth	68	(30) ☐
t.	Sudden loss of hair	69	☐ (31)
u.	Rash	70	(32) ☐
v.	Decrease in sexual activity	71	☐ (33)
w.	Dryness of eyes	72	(34) ☐

5. Is there evidence that the patient experienced any of the following:

			1 YES
a.	Hypotension (systolic<90)	73	(35) ☐
b.	Increased chest pain	74	☐ (36)
c.	Asthma or emphysema	75	(37) ☐
d.	Congestive heart failure	76	☐ (38)
	Congestive Heart Failure Form must be completed		
e.	Symptomatic bradycardia	77	(39) ☐
f.	Incomplete A-V block	78	☐ (40)
g.	Complete A-V block	79	(41) ☐
h.	Increased intermittent claudication	80	☐ (42)

6. Reason patient came in for interim (unscheduled) visit: (43) 81 & 01

7. Was patient hospitalized since last BHAT visit or as a result of this visit? 82 (44) 1 ☐Yes 2 ☐No

number of hospitalizations ..... (45) [83,84]

Hospitalization Form must be completed for each hospitalization

8. Was new BHAT medication given to the patient? 85 (46) 1 ☐ Yes 2 ☐ No

Skip to 13 unless pills are being returned.

The following instructions relate to Questions 9-12. If all pills or bottles were **not** *returned, ask the patient to bring or mail any opened bottles to the Clinic within 7 days. Do not complete Questions 9-12 until:*

a. you receive all pills and empty bottles;
or b. you have determined it is not possible for the patient to mail or return pills and/or empty bottles;
or c. 7 days have passed.

All *boxes for questions 9, 10, 11a., 12 must be completed. One box must be checked for 11b.*

9. Number of pills returned . . . . . 86, 87, 88 (20 mg. 47) 89, 90, 91 (40 mg. 48) 92, 93, 94 (60 mg. 49) 95, 96, 97 (80 mg. 50)

Code 0's if none returned

10. Number of empty bottles returned . . . . . 98 (20 mg. 51) 99 (40 mg. 52) 100 (60 mg. 53) 101 (80 mg. 54)

Code 0's if none returned

Question is to be completed when it is determined that the patient has returned as many pills as possible to the Clinical Center. This figure can be determined through a count made by a third party or the patient. If a count cannot be done, obtain an estimate from the patient. Do not make an estimate yourself.

11. a. Total number of additional pills determined to be elsewhere: (55) 1 1 1 3 3 4 20 mg. (56) 1 1 1 4 5 6 7 40 mg. (57) 1 1 1 5 9 0 60 mg. (58) 1 1 1 1 2 3 80 mg.

Code 0's if none elsewhere.
Code 9's if unknown.

b. Numbers in 11. a. were obtained by:

1 ☐ Third party count (59) 114 2 ☐ Patient's count ☐ Patient's estimate 4 ☐ Not determined

If all pills and bottles are returned, Code 2 (Patient's count).

12. Number of bottles of BHAT medication given to patient at this visit: (60) 115 20 mg (61) 116 40 mg (62) 117 60 mg. (63) 118 80 mg

If no pills given, code 0's

Patients should **only** *be given full bottles of medication. All opened bottles of medication should be destroyed. Unopened bottles may be returned to the patient. These should be counted under #9 and under #12.*

13. Complete Follow-up Drug Section.

14. Person completing form: (64) 119, 120 BHAT code

Patient ID # ☐ ☐ ☐

Acrostic ☐

6/6/80

BH12/2