

Patient ID: \_\_\_\_\_

Physician/Tech ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

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### Urodynamic Evaluation

The following 3 questions are **optional** for all patients.

1. Initial average uroflow rate \_\_\_\_\_ cc/sec
2. Initial peak uroflow rate \_\_\_\_\_ cc/sec
3. Initial volume voided \_\_\_\_\_ cc

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The following set of questions are **required** for all patients.

4. Post-void residual urine volume \_\_\_\_\_ cc
5. What is the rate at which the bladder was filled? <sub>60</sub> 60 cc/min -or-  Other \_\_\_\_\_
6. Does this patient have an urethral stricture <12 french?  
<sub>1</sub> yes  
<sub>0</sub> no
7. Volume at first sensation to void \_\_\_\_\_ cc
8. **L** Ask the patient: *Does this feeling or sensation feel like your symptoms?*  
<sub>1</sub> yes  
<sub>0</sub> no
9. Volume at maximal capacity (defined by patient discomfort) \_\_\_\_\_ cc
10. **L** Ask the patient: *Does this feeling or sensation feel like your symptoms?*  
<sub>1</sub> yes  
<sub>0</sub> no
11. Involuntary bladder contractions.  
<sub>1</sub> present **L** Please answer question 12.  
<sub>0</sub> absent **L** Please skip to question 13.
12. Volume at which the involuntary contraction occurred \_\_\_\_\_ cc
13. What is the end filling pressure? \_\_\_\_\_ cm H<sub>2</sub>O <sub>1</sub> subtracted <sub>2</sub> not subtracted

The following 6 questions are **required for males** and **optional for females**

- 14. Opening pressure \_\_\_\_\_ cm H<sub>2</sub>O      <sub>1</sub> subtracted      <sub>2</sub> not subtracted
- 15. Average uroflow rate \_\_\_\_\_ cc/sec
- 16. Peak uroflow rate \_\_\_\_\_ cc/sec
- 17. Volume voided \_\_\_\_\_ cc
- 18. Pressure at peak flow \_\_\_\_\_ cm H<sub>2</sub>O      <sub>1</sub> subtracted      <sub>2</sub> not subtracted
- 19. Maximum pressure \_\_\_\_\_ cm H<sub>2</sub>O      <sub>1</sub> subtracted      <sub>2</sub> not subtracted