



**Section A: General Study Information for Office Use Only:**

**A1. Study ID#:**

Label

**A2. Visit #** F/U 6 weeks.....FU6W

**A3. Date Form Completed:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**A4. Initials of Person Completing Form:** \_\_\_\_\_

**SECTION B: VOIDING MANAGEMENT HISTORY**

**B1. Specify voiding management plan at discharge (see VCS):**

- Self-voiding only ..... 1 → **SKIP TO B2**
- Urethral catheter..... 2 → **SKIP TO C1**
- Suprapubic catheter (S/P tube)..... 3 → **SKIP TO D1**
- Clean intermittent self-catheterization (CISC), sometimes or always ..... 4 → **SKIP TO E1**

**B2. Did the patient require an alternate plan subsequent to discharge?**

- No..... 1 → **SKIP TO F1**
- Yes, urethral catheter inserted since discharge ..... 2 → **SKIP TO C1**
- Yes, S/P tube inserted since discharge..... 3 → **SKIP TO D1**
- Yes, CISC instituted since discharge ..... 4 → **SKIP TO E1**



**D. SUPRA-PUBIC CATHETER**

D1. Does the patient still have an S/P tube? Yes..... 1 → **SKIP TO F1**  
No ..... 2

**\*SOURCE CODES:**  
1 = PATIENT REPORT;  
2 = MEDICAL RECORD;  
3 = BOTH PT AND RECORD;  
5 = PVR LOG

D2. <u>Date S/P tube removed</u>	D3. <u>Last PVR recorded</u>	D4. <u>Source code *</u>
___/___/___	_____ cc	___

D5. How was PVR determined? By fill and flow subtraction method..... 1  
By bladder scan / ultrasound..... 2  
By post-void catheterization ..... 3

D6. Specify the voiding management plan after this test: Self-voiding only ..... 1 → **SKIP TO F1**  
Urethral catheter inserted..... 2  
CISC, sometimes or always..... 4 → **SKIP TO E1**  
Other ..... 5 → **SKIP TO D11**

D7. Does the patient still have a urethral catheter? Yes ..... 1 → **SKIP TO F1**  
No ..... 2

D8. On what date was the urethral catheter **last** removed? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

D9. PVR at time catheter was last removed: \_\_\_\_\_ cc

D9a. How was PVR determined? By fill and flow subtraction method ..... 1  
By bladder scan / ultrasound..... 2  
By post-void catheterization ..... 3

D10. Specify the voiding management plan after this test: Self-voiding only ..... 1 → **SKIP TO F1**  
CISC, sometimes or always..... 4 → **SKIP TO E1**  
Other ..... 5

D11. Describe other: \_\_\_\_\_ → **SKIP TO F1**

**E. CLEAN INTERMITTENT SELF-CATHETERIZATION**

E1. Is the patient still practicing CISC? Yes ..... 1  
No..... 2 ➔ **SKIP TO E2**

E1a. At what frequency? Always / **no** spontaneous voiding ..... 1 ➔ **SKIP TO F1**  
> once per day / minimal spontaneous voiding ..... 2 ➔ **SKIP TO E3**  
Once per day ..... 3 ➔ **SKIP TO E3**  
Less than daily..... 4 ➔ **SKIP TO E3**

E2. <u>Date CISC stopped</u>	E3. <u>Last PVR recorded</u>	E4. <u>Source code *</u>
____ / ____ / _____	_____ cc	_____

E5. How was PVR determined? By bladder scan / ultrasound..... 2  
By post-void catheterization ..... 3

**F. SUMMARY OF CURRENT VOIDING MANAGEMENT STATUS**

F1. Describe any unusual voiding management pathways or problems not otherwise captured by this Data Form (if none, please write "N/A"):

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F2. Summarize the patient's **current voiding management** upon completion of this visit:

Self-voiding only..... 1  
Urethral catheter..... 2  
S/P tube ..... 3  
CISC, sometimes or always ..... 4  
Other..... 5 ➔ Specify: \_\_\_\_\_