



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # F/U 3 months FU03

A3. Date Form Completed:

____ / ____ / ____
Month Day Year

A4. Initials of Person Completing Form: _____

SECTION B: VOIDING MANAGEMENT HISTORY

DATE OF THE 6-WEEK STUDY VISIT (FROM THE VCS)

____ / ____ / ____
Month Day Year

B1. Specify voiding management plan in place at the completion of the 6- week follow-up visit (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**
- Other 5

B2. Did the patient require an alternate plan subsequent to the 6-week follow-up visit?

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

