



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#:

A2. Visit # Baseline TBAS F/U 2 Weeks TF2W
 F/U 6 Weeks TF6W F/U 6 Months TF06
 F/U 12 Months... TF12 F/U 24 Months TF24
 Failure..... TFAI

VISIT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
TBAS	739	20.92	739	20.92
TF06	564	15.96	1303	36.88
TF12	545	15.43	1848	52.31
TF24	475	13.44	2323	65.75
TF2W	606	17.15	2929	82.90
TF6W	603	17.07	3532	99.97
TFAI	1	0.03	3533	100.00

A3. Date Form Completed: / /
 Month Day Year

A4. Initials of Person Completing This Form: _____
 (must be certified Data Collector or TOMUS Investigator)

A5. Is this a repeat urinalysis for this visit?

YES, PREVIOUSLY POSITIVE DIPSTICK RESULT 1
 YES, VISIT MEASURES COMPLETED OVER MULTIPLE DAYS 2
 NO 3

REPEAT_MEAS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Yes, Previously positive dips	95	2.69	95	2.69
2: Yes, Visit measures completed	170	4.81	265	7.50
3: No	3268	92.50	3533	100.00

SECTION B: Urine Dipstick Results

B1. Was urine dipstick obtained prior to this visit?

Yes 1

No **2 → END; PROTOCOL DEVIATION; COMPLETE F390**

DIPSTICK_1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Yes	3523	99.72	3523	99.72
2: No	10	0.28	3533	100.00

B1a. Date of urine dipstick: ____/____/____
Month Day Year

B1b. Was result negative (trace or less) for leukocytes and nitrites?

Yes 1 → END; PROCEED WITH VISIT

No..... 2

DIP1 NEG	Frequency	Percent	Cum Freq	Cum Percent
-2	10	.	.	.
1	3080	87.43	3080	87.43
2	443	12.57	3523	100.00

B1c. Was catheter specimen obtained and dipstick repeated?

Yes 1

No..... 2 → END; PROTOCOL DEVIATION; COMPLETE F390

N/A..... 3 → END; SEND FOR CULTURE (±EMPIRIC RX) AND RESCHEDULE VISIT WITHIN 7 DAYS;

DIPSTICK 2	Frequency	Percent	Cum Freq	Cum Percent
-2	3090	87.46	3090	87.46
1	426	12.06	3516	99.52
2	15	0.42	3531	99.94
3	2	0.06	3533	100.00

B1d. Was result negative (trace or less) for leukocytes and nitrites?

Yes..... 1 → END; PROCEED WITH VISIT

No..... 2 → SEND FOR CULTURE (±EMPIRIC RX) AND RESCHEDULE VISIT WITHIN 7 DAYS;

DIP2 NEG	Frequency	Percent	Cum Freq	Cum Percent
-2	3107	87.94	3107	87.94
1	349	9.88	3456	97.82
2	77	2.18	3533	100.00

REMINDER: COMPLETE F391 AS NECESSARY FOR UTI

B2. Record volume of PVR_{cath} (obtained during collection of catheterized specimen): ____ ____ ____ mL

PVR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
.	3472	.	.	.
0	2	3.28	2	3.28
1	1	1.64	3	4.92
4	1	1.64	4	6.56
5	5	8.20	9	14.75
10	11	18.03	20	32.79
15	2	3.28	22	36.07
20	5	8.20	27	44.26
24	1	1.64	28	45.90
25	3	4.92	31	50.82
26	1	1.64	32	52.46
30	3	4.92	35	57.38
40	1	1.64	36	59.02
50	3	4.92	39	63.93
60	3	4.92	42	68.85
70	2	3.28	44	72.13
75	3	4.92	47	77.05
80	1	1.64	48	78.69
83	1	1.64	49	80.33
90	1	1.64	50	81.97
95	1	1.64	51	83.61
100	2	3.28	53	86.89
110	1	1.64	54	88.52
140	1	1.64	55	90.16
145	1	1.64	56	91.80
180	2	3.28	58	95.08
200	1	1.64	59	96.72
999	2	3.28	61	100.00

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