



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # F/U 2 weeks TF2W

A3. Date Form Completed:

____ / ____ / ____
Month Day Year

A4. Initials of Person Completing Form: ____

Analysis Variable : DAYS								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
589	0	17.6	12.8	8.0	14.0	15.0	18.0	171.0

SECTION B: VOIDING MANAGEMENT BETWEEN DISCHARGE AND THE 2 WEEK POSTOPERATIVE VISIT

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

- Self-voiding only, passed postoperative voiding trial 1
- Self-voiding only, failed postoperative voiding trial 2 → SKIP TO SECTION C
- Urethral catheter 3 → SKIP TO SECTION C
- Clean intermittent self-catheterization (CISC), sometimes or always 4 → SKIP TO SECTION C

VMP_DIS	Frequency	Percent	Cum Freq	Cum Percent
1	433	73.51	433	73.51
2	15	2.55	448	76.06
3	106	18.00	554	94.06
4	35	5.94	589	100.00

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

- No 1 → SKIP TO SECTION D
- Yes, urethral catheter inserted subsequent to discharge 2
- Yes, CISC instituted subsequent to discharge 3

PLAN_SUB_DIS	Frequency	Percent	Cum Freq	Cum Percent
.	160	.	.	.
1	429	100.00	429	100.00

Frequency Missing = 160

B2a. Date of event / intervention:

____ / ____ / ____
Month Day Year

Analysis Variable : Days_in								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
4	0	3.8	3.2	1.0	1.0	3.5	6.5	7.0

Days_in	Frequency	Percent	Cum Freq	Cum Percent
.	585	100.00	585	100.00

B2b. Describe circumstances: _____

SECTION C. INTERIM VOIDING TRIAL(S) DATA POINTS

C0. How many voiding trials were performed between discharge and the 2 week visit?

___ ___ ➔ *Complete a Voiding Trial box for each interim voiding trial*

VT_NUM	Frequency	Percent	Cum Freq	Cum Percent
.	429	.	.	.
0	18	11.25	18	11.25
1	133	83.13	151	94.38
2	5	3.13	156	97.50
3	4	2.50	160	100.00

Frequency Missing = 429

C1. Date of **first** interim voiding trial: ___/___/___
Month Day Year

C1a. Type of voiding trial: Retrograde fill 1
 Passive fill 2 ➔ **SKIP TO C1c**
 CISC..... 3 ➔ **SKIP TO C1c**

C1b. Record the volume of the fill: ___ ___ mL *(Fill should be 300 mL or less if MCC<300 mL)*

C1c. Voided volume: ___ ___ mL

C1d. PVR: ___ ___ mL

C1e. Was the PVR calculated or measured? Calculated PVR..... 1
 Measured PVR..... 2

C1f. Was a prophylactic antibiotic given? Yes 1 No 2

C1g. What was the **voiding management plan** upon completion of this voiding trial?
 Self-voiding only..... 1
 Urethral catheter 2
 CISC, sometimes or always 3
 Other..... 4 ➔ Specify: _____

C1h. Who performed this voiding trial? TOMUS study staff 1 ➔ Initials: ___ ___
 Other..... 2

C2. Date of **second** interim voiding trial _____ / _____ / _____
Month Day Year

- C2a. Type of voiding trial: Retrograde fill..... 1
- Passive fill 2 ➔ **SKIP TO C2c**
- CISC 3 ➔ **SKIP TO C2c**

C2b. Record the volume of the fill: _____ mL (Fill must be 300 mL or less if MCC<300 mL)

C2c. Voided volume: _____ mL

C2d. PVR: _____ mL

- C2e. Was the PVR calculated or measured? Calculated PVR 1
- Measured PVR..... 2

C2f. Was a prophylactic antibiotic given? Yes 1 No 2

C2g. What was the **voiding management plan** upon completion of this voiding trial?

- Self-voiding only 1
- Urethral catheter..... 2
- CISC, sometimes or always 3
- Other 4 ➔ Specify: _____

C2h. Who performed this voiding trial? TOMUS study staff..... 1 ➔ Initials: _____

Other 2

C3. Date of **third** interim voiding trial _____ / _____ / _____
Month Day Year

- C3a. Type of voiding trial: Retrograde fill..... 1
- Passive fill 2 ➔ SKIP TO C3c
- CISC 3 ➔ SKIP TO C3c

C3b. Record the volume of the fill: _____ mL (Fill must be 300 mL or less if MCC<300 mL)

C3c. Voided volume: _____ mL

C3d. PVR: _____ mL

- C3e. Was the PVR calculated or measured? Calculated PVR 1
- Measured PVR 2

C3f. Was a prophylactic antibiotic given? Yes..... 1 No..... 2

- C3g. What was the **voiding management plan** upon completion of this voiding trial?
 - Self-voiding only 1
 - Urethral catheter 2
 - CISC, sometimes or always 3
 - Other 4 ➔ Specify: _____

- C3h. Who performed this voiding trial? TOMUS study staff..... 1 ➔ Initials: _____
- Other 2

SECTION D: VOIDING TRIAL PERFORMED AT THE 2 WEEK POSTOPERATIVE VISIT

PASSIVE FILL TRIAL

D1. Voided volume: _____ mL

Analysis Variable : PF_VOID_VOL								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
552	0	161.5	131.4	0.0	65.0	125.0	210.0	800.0

PF_VOID_VOL	Frequency	Percent	Cum Freq	Cum Percent
.	37	100.00	37	100.00

D2. Passive fill PVR by bladder scan: _____ mL ➔ **SKIP TO D8 IF <75mL**

Analysis Variable : PF_PVR_BS								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
318	0	37.0	53.4	0.0	3.0	20.0	47.0	406.0

PF_PVR_BS	Frequency	Percent	Cum Freq	Cum Percent
.	271	100.00	271	100.00

NOTE: Passive fill PVR by catheter is required if bladder scan PVR is ≥75mL.

D3. Passive fill PVR by catheter:
 _____ mL ➔ **SKIP TO D8 IF PVR_{cath} ≤100mL OR >100ml with total bladder volume of ≥300ml.**

Analysis Variable : PF_PVR_CATH								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
290	297	49.5	70.3	0.0	10.0	20.0	60.0	535.0

PF_PVR_CATH	Frequency	Percent	Cum Freq	Cum Percent
.	297	99.33	297	99.33
999	2	0.67	299	100.00

RETROGRADE FILL

D4. Record the volume of the fill: _____ mL **(Fill must be 300 mL or less if MCC<300 mL)**

Analysis Variable : RF_VOL								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
40	0	298.8	13.8	250.0	300.0	300.0	300.0	350.0

RF_VOL	Frequency	Percent	Cum Freq	Cum Percent
.	549	100.00	549	100.00

D5. Voided volume: _____ mL

Analysis Variable : RF_VOID_VOL									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
40	0	272.0	95.8	0.0	238.0	300.0	300.0	500.0	

RF_VOID_VOL	Frequency	Percent	Cum Freq	Cum Percent
.	549	100.00	549	100.00

D6. PVR: _____ mL

Analysis Variable : RF_PVR									
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
32	0	54.7	84.7	0.0	0.0	3.0	82.5	300.0	

RF_PVR	Frequency	Percent	Cum Freq	Cum Percent
.	557	100.00	557	100.00

D7. Was PVR calculated or measured? Calculated..... 1 Measured 2

RF_PVR_METH	Frequency	Percent	Cum Freq	Cum Percent
.	549	.	.	.
1	35	87.50	35	87.50
2	5	12.50	40	100.00

Frequency Missing = 549

D8. Was a prophylactic antibiotic given? Yes 1 No 2

RF_ANTI	Frequency	Percent	Cum Freq	Cum Percent
.	1	.	.	.
1	29	4.93	29	4.93
2	559	95.07	588	100.00

Frequency Missing = 1

D9. What was voiding management at end of visit? Self-voiding only 1
 Urethral catheter 2 → DOCUMENT ON F322
 CISC, sometimes or always 3 → DOCUMENT ON F322
 Other 4 → DOCUMENT ON F322

RF_VMP_DIS	Frequency	Percent	Cum Freq	Cum Percent
.	1	.	.	.
1	569	96.77	569	96.77
2	19	3.23	588	100.00

Frequency Missing = 1

D10. Date Voiding Trial Completed: ____ / ____ / ____ D11. Tester's Initials: ____

Month Day Year

Analysis Variable : Days_vo								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
588	0	16.2	6.6	8.0	14.0	15.0	17.0	143.0

Days_vo	Frequency	Percent	Cum Freq	Cum Percent
.	1	100.00	1	100.00