



Section A: General Study Information for Office Use Only:

<p>A1. Study ID#: <input style="width: 150px; height: 20px;" type="text" value="Label"/></p>	<p>A2. Visit # BaselineTBAS F/U 12 Month.....TF12 Failure.....TFAI Other: _____</p>
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SECTION B: UROFLOWMETRY

- B1.** Maximum flow rate: _____ mL/sec **B2.** Mean flow rate: _____ mL/sec
- B3.** Time to maximum flow _____ sec **B4.** Voided Volume: _____ mL
- B5.** PVR: _____ mL **B6.** Classify flow pattern:
- Continuous, smooth..... 1
 - Continuous, fluctuating..... 2
 - Intermittent 3

<p>B7. NIF test date: _____ / _____ / _____ <small>Month Day Year</small></p> <p>B9. NIF Review Date: _____ / _____ / _____ <small>Month Day Year</small></p> <p>B11. Equipment BCC Registration ID#: _____ / _____</p>	<p>B8. Tester ID: _____</p> <p>B10. MD Reviewer ID: _____</p>
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SECTION C: URETHRAL PRESSURE PROFILE

MUCP data points from one or more of the three withdrawals may be invalid for technical reasons. Please review the MUCP signals and determine if any valid data can be recorded below.

- C1.** Are all MUCP data points valid? Yes, all MUCP data points are valid.....1 ➔ **SKIP TO C2**
- No, some (or all) MUCP data points are invalid2

C1a. Describe: _____

Measure	MUCP	Functional Urethral length
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- | | |
|--|---------------------|
| C2. 1 st withdrawal: _____ cm H ₂ O | C3. _____ mm |
| C4. 2 nd withdrawal: _____ cm H ₂ O | C5. _____ mm |
| C6. 3 rd withdrawal: _____ cm H ₂ O | C7. _____ mm |

SECTION D: CMG VALIDITY, PRESSURES VOLUMES AND SENSATION MEASUREMENTS

CMG pressure measurements will be considered invalid for several reasons; most are listed below. You may also determine CMG pressure values invalid for other reasons. Please review the CMG and **code yes or no to each of the following questions**, then follow the skip directives to complete your review.

D1.	Are the signals legible?	Yes (1)	No (2)*
D2.	Were the catheters zeroed to atmosphere prior to the start of filling?.....	Yes (1)	No (2)*
D3.	Was the Pves measuring system functioning properly at CMG baseline ?	Yes (1)	No (2)*
D4.	Was the Pabd measuring system functioning properly at CMG baseline ?	Yes (1)	No (2)*
D5.	Are there any other reasons you consider the CMG invalid?.....	Yes (1)*	No (2)
D5a.	If Yes, describe _____		

D6. WERE THERE ANY INVALID CONDITIONS FOR THE CMG?

[Code D6 Yes (1) if you circled a code in any gray box above.]

Yes..... 1 → IF YES, write 'invalid' in the data fields for all CMG pressure values but record values for all other data points.
 No..... 2

CMG MEASUREMENTS

D7. Pves at baseline: _____ cm H₂O
 D8. Pabd at baseline: _____ cm H₂O
 D9. Pdet at baseline: _____ cm H₂O

D10. Bladder volume at first desire to void: _____ mL
 D11. Bladder volume at strong desire to void: _____ mL

LPP MEASURES

D12. Did leakage occur with Valsalva? Yes *..... 1
 No..... 2 → SKIP TO D14

* To code this item YES, leakage must occur with Valsalva at **least twice** at the same volume level.

D13. At what volume? _____ mL
 D13a. Raw Pves at 1st leakage: _____ cm H₂O
 D13b. Raw Pves at 2nd leakage: _____ cm H₂O
 D13c. Raw Pves at 3rd leakage: _____ cm H₂O

MCC

D14. Did leakage occur with cough at MCC? Yes 1
 No..... 2
 NA, VLPPs obtained at or prior to MCC..... 3

D15. Bladder volume at MCC: _____ mL D15a. Pves at MCC: _____ cm H₂O
 D15b. Pabd at MCC: _____ cm H₂O

DETRUSOR OVERACTIVITY

D16. Was there detrusor overactivity? Yes..... 1
 No..... 2 → **SKIP TO SECTION E**

Record volume at each occurrence of detrusor overactivity and indicate if leakage occurred.

Occurrence	Recorded Volume	Leakage?	
D16a. Occurrence 1:	_____ mL	Yes1	No2
D16b. Occurrence 2:	_____ mL	Yes1	No2
D16c. Occurrence 3:	_____ mL	Yes1	No2

SECTION E: PRESSURE FLOW STUDY (PFS)

PFS pressure measurements will be considered invalid for several reasons; most are listed below. You may also determine PFS pressure values invalid for other reasons. Please review the PFS signals and **code yes or no to each of the following questions** then follow the skip directives to complete your review.

E1.	Are the signals legible?	Yes (1)	No (2)*
E2.	Were the catheters zeroed to atmosphere prior to the start of filling?.....	Yes (1)	No (2)*
E3.	Did the patient sit to void?.....	Yes (1)	No (2)*
E4.	Were transducers adjusted after the patient changed her position?	Yes (1)	No (2)*
E5.	Was the PFS baseline interpretable?	Yes (1)	No (2)*
E6.	Was the Pves measuring system functioning properly at baseline ?.....	Yes (1)	No (2)*
E7.	Was the Pabd measuring system functioning properly at baseline ?.....	Yes (1)	No (2)*
E8.	Did the patient void?	Yes (1)	No (2)*
E9.	Was the Pves measuring system functioning properly at Qmax ?.....	Yes (1)	No (2)*
E10.	Was the Pabd measuring system functioning properly at Qmax ?.....	Yes (1)	No (2)*
E11.	Are there any other reasons you consider the PFS invalid?.....	Yes (1)*	No (2)
E11a.	If Yes, describe _____		

E12. WERE THERE ANY INVALID CONDITIONS FOR THE PFS? *[Code E12 Yes if you circled a code in any gray box]*
 Yes. 1 → **If YES, skip to E18, complete E18 through E20, then skip to E25.**
 No..... 2

E13. Was the patient refilled for this PFS? Yes..... 1 No..... 2

E14. Did the patient cough before the void? Yes..... 1 No..... 2 → **IF NO, SKIP TO E16**

E15. Was there 70% concordance between the Pves and Pabd pre-void cough spike? Yes..... 1 No 2

E16. **PFS BASELINE PRESSURES:** Read baseline pressure values after patient sits to void, adjustment of transducers and pre-void cough. Take readings from a stable, flat Pves and Pabd signal. Typically, this measurement occurs a few or several seconds before flow and prior to any vesical or abdominal pressure increase associated with the beginning of the void.

- E16a. Pves at PFS **baseline:** ___ ___ ___ **cm H₂O**
- E16b. Pabd at PFS **baseline:** ___ ___ ___ **cm H₂O**
- E16c. Pdet at PFS **baseline:** ___ ___ ___ **cm H₂O**

E17. **PRESSURES AT MAX FLOW (Qmax)**

- E17a. Pves at **Qmax:** ___ ___ ___ **cm H₂O**
- E17b. Pabd at **Qmax:** ___ ___ ___ **cm H₂O**

- E18. Max flow rate: ___ ___ . ___ **mL/sec**
- E19. Time to max flow: ___ ___ . ___ **sec**
- E20. Voided volume: ___ ___ ___ **mL**

If the patient cannot void [E8=2 (No)], write "missing" or -9 for E18-E20 and skip to E25.

★ **Skip E21 – E24 if the study is invalid per your 'Yes' code to E12.**

- E21. PFS Voiding pattern: Pure or predominant detrusor..... 1
 Pure or predominant abdominal..... 2
 Mixed 3
 Indeterminate / uninterpretable 4
- E22. Did the patient cough after the void? Yes..... 1 No..... 2 → **SKIP TO E25**
- E23. Was the **Pves signal** functioning during the post void cough? Yes 1 No..... 2
- E24. Was the **Pabd signal** functioning during the post void cough? Yes 1 No..... 2

E25. UPP/CMG test date: ___ ___ / ___ ___ / ___ ___	E26. Tester ID: ___ ___
E27. PFS test date: ___ ___ / ___ ___ / ___ ___ <small style="margin-left: 40px;">Month Day Year</small>	E28. Tester ID: ___ ___
E29. Review date: ___ ___ / ___ ___ / ___ ___ <small style="margin-left: 40px;">Month Day Year</small>	E30. MD Reviewer ID: _____
E31. Equipment BCC Registration ID#: ___ ___ / ___ ___	