

| SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY   |                   |           |              |          |      |   |  |  |  |
|--|-------------------|-----------|--------------|----------|------|---|--|--|--|
| A1. Study ID#: Label A2  | <b>2.</b> Visit # | BASELI    | NE           |          | TBAS |   |  |  |  |
| A3. ARE THESE REPEAT MEASURES DUE TO PREVIOUSLY EXPIRE   | ED MEAS           | URES?     | YES          | 1        | NO   | 2 |  |  |  |
| SECTION B: STRESS TEST   |                   |           |              |          |      | _ |  |  |  |
| B1. Voided volume mL   |                   |           |              |          |      |   |  |  |  |
| B2. Outcome of <b>empty bladder stress test</b> ( <b>EBST</b> ): Positive  | without r         | eduction. | 1            |          |      |   |  |  |  |
|  | with redu         |           |              |          |      |   |  |  |  |
|  | e                 |           |              | SKIP TO  | ) B3 |   |  |  |  |
| B2a. Was the empty bladder stress test positive YE   | ES NO             | )         |              |          |      |   |  |  |  |
| iwith Valsalva in dorsal lithotomy position? 1   | 2                 |           |              |          |      |   |  |  |  |
| iiwith cough in dorsal lithotomy position? 1   | 2                 |           |              |          |      |   |  |  |  |
| B3. Record the volume of the EBST (i.e. PVR): mL   |                   |           |              |          |      |   |  |  |  |
| Skip to C3 if EBST is positive (B2) AND patient is eligible by PVR (B3) AND bladder capacity (B1 + B3) is $\geq 200mL$   |                   |           |              |          |      |   |  |  |  |
| B4. Was the bladder filled to 300mL or to an MCC <300mL? 300mL1 → SKIP TO B5   |                   |           |              |          |      |   |  |  |  |
|  | MCC <3            | 00mL      | 2            |          |      |   |  |  |  |
| B4a. Record MCC: mL  |                   |           |              |          |      |   |  |  |  |
| Skip to C3 if patient is <u>in</u> eligible by bladder capacity, i.e. $<200mL$ OR Eligible for all 3 criteria: EBST positive AND PVR eligible AND bladder capacity $\ge 200mL$ . |                   |           |              |          |      |   |  |  |  |
| B5. Outcome of <b>full bladder stress test</b> ( <b>FBST</b> ): Positive w   | ithout red        | luction   | 1            |          |      |   |  |  |  |
| Positive w   | ith reduct        | ion       | 2            |          |      |   |  |  |  |
| Negative   |                   |           | 3 <b>→</b> S | кір то с | 23   |   |  |  |  |
| B5a. Was the full bladder stress test positive   |                   | YES       | NO           | NOT TES  | TED  |   |  |  |  |
| iwith Valsalva in dorsal lithotomy position*?  |                   | 1         | 2            | 3        |      |   |  |  |  |
| iiwith cough in dorsal lithotomy position*?  |                   | 1         | 2            | 3        |      |   |  |  |  |
| iiiwith Valsalva standing?   |                   | 1         | 2            | 3        |      |   |  |  |  |
| ivwith cough standing?*  * These maneuvers are not required during the FBST with reduction.  |                   | 1         | 2            | 3        |      |   |  |  |  |

Skip to C3 if patient is <u>in</u>eligible by bladder capacity or stress test OR Eligible for all 3 criteria: stress test positive AND PVR eligible AND bladder capacity

Affix ID Label Here

## SECTION C: REPEAT MEASURES OF VOIDED VOLUME AND PVR

| Repeat | measures of voided volume and PVR  | are not required    | if the PVR eligi                                       | ibility criterio                    | n has already been met.  |
|--------|--|---------------------|--|-------------------------------------|--|
| C1.    | Voided volume:   | mL                  |  |                                     |  |
| C2.    | PVR mL →   | NOTE: THE PVR       | WILL BE A NEGATIVE                                     | E VALUE IF THE V                    | V is > volume of the fill  |
| C2     | 2a. Was the PVR  Calculated?  Measured per catheterization                           | 1                   | <ul><li>PVR eligibility</li><li>The void was</li></ul> | y was not establ<br>> 10 minutes af | heterization (code 2) if<br>ished in the EBST AND<br>fter the fill or<br>volume (B4/B4a) |
| C3.    | Was a prophylactic antibiotic given?   | Yes                 | 1 No   | 2                                   |  |
| C4.    | Date Testing Completed: /  | /                   | Year   | C5. Examiner                        | s ID:  |
| C6.    | Date Abstract Completed: / Day   | Year                |  | C7. Abstractor                      | 's ID:   |
| SEC    | TION D: ELIGIBILITY SUMMA  | RY                  |  |                                     |  |
| D1.    | Is the patient eligible by Stress Test? Eligible if Positive Stress Test at a bladd  | . )   \ \           |  | Yes                                 | 1<br>→ INELIGIBLE  |
| D2.    | Is the patient eligible by <b>PVR</b> ?  |                     |  | Yes                                 | 1  |
| _      | ble if B3 <u>OR</u> C2 PVR ≤100mL with POP<br>P is Stage II-IV, PVR >100mL but ≤500m | =                   |  | No                                  | 2→ INELIGIBLE  |
| D3.    | Is the patient eligible by bladder capa  | city by stress test | ?  | Yes                                 | 1  |
| [Eligi | ble if bladder capacity $\geq$ 200mL during S  | tress Testing [(B1  | + B3), or B4, or                                       | <b>B4a</b> ] No                     | 2→ INELIGIBLI  |
| D4.    | Does the patient meet all eligibility cri YES  | FINUE SCREENI       | NG   | eview codes to                      | items <b>D1, D2 and D3</b> )   |
| D5.    | Eligibility Determination Completed On: _  | //                  | Year   | D6. Comp                            | pleted By:   |