



Section A: General Study Information for Office Use Only:

A1. Study ID#: <input type="text" value="Label"/>	A2. Visit # F/U 2 weeks.....TF2W
A3. Date Form Completed: ___/___/___ Month Day Year	A4. Initials of Person Completing Form: _____

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

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

B2a. Date of event / intervention:

___/___/___
Month Day Year

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*

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

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

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 $PVR_{cath} \leq 100mL$ OR $>100ml$ with total bladder volume of $\geq 300ml$.**

RETROGRADE FILL

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

D5. Voided volume: _____ mL

D6. PVR: _____ mL

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

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

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**

D10. Date Voiding Trial Completed: _____ / _____ / _____ D11. Tester's Initials: _____
Month Day Year