



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<sub>cath</sub> ≤100mL OR >100ml with total bladder volume of ≥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