



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. ID#: Label A2. Visit # F/U 6 Weeks TF6W

SECTION B: VOIDING TRIAL OUTCOMES

PASSIVE FILL TRIAL

B1. Voided volume: _____ mL

B2. Passive fill PVR by bladder scan: _____ mL → **SKIP TO B8 IF <75mL**

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

B3. Passive fill PVR by catheter:
 _____ mL → **SKIP TO B8 IF PVR_{cath} ≤100mL OR >100ml with total bladder volume of ≥300ml.**

RETROGRADE FILL

B4. Record the volume of the fill: _____ mL (Fill must be 300 mL or less if MCC<300 mL)

B5. Voided volume: _____ mL

B6. PVR: _____ mL

B7. Was PVR calculated or measured? Calculated 1 Measured 2

B8. Was a prophylactic antibiotic given? Yes 1 No 2

B9. 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**

B10. Date Voiding Trial Completed: _____ / _____ / _____ B11. Tester's Initials: _____
Month Day Year

B12. Date Abstract Completed: _____ / _____ / _____ B13. Abstractor's Initials: _____
Month Day Year