



**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<sub>cath</sub> ≤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