



FORM 4: CLINICAL TESTS

UCSD

Participant ID: _____ - _____

Evaluator ID: _____

Date: ____ / ____ / ____
MM DD YYYY

- Is the participant pregnant? No Yes → *Exclude* Not sure → *Use POCT at site's discretion*
- Is the participant currently on her period (menstruating)? No Yes → *Remove tampon for PTT/Uro*
- Were the clinical tests completed before the Judge Interview? No Yes
- Did the participant bring the 1-Day Frequency Volume Diary? No Yes
- Did the participant bring the 2-Day Bladder Health Diary? No Yes

Participant Height: _____ feet _____ inches Participant Weight: _____ pounds

1. Bladder scan volume prior to Paper Towel Test* Not done **Printout:** Yes No

Volume: _____ mL

*If <150 – wait 15 -30 min and rescan until 150 mL. If can't hold more, check here:

2. Paper Towel Test Not done

Length in mm: _____ Width in mm: _____ Overflow

3. Uroflow Not done **Printout:** Yes No

Voiding Time: _____ sec

Peak Flow Rate: _____ mL/sec

Flow Time: _____ sec

Average Flow Rate: _____ mL/sec

Time to Peak Flow: _____ sec

Voided Volume: _____ mL

4. Post void residual (PVR) With Scan Not done **Printout:** Yes No

Volume: _____ mL

5. Dipstick Not done

LEU: Negative Trace 1+ (small) 2+ (moderate) 3+ (large)

NIT: Negative Positive

PRO: Negative Trace 1+ (30) 2+ (100) 3+ (300) 4+ (2000 or more)

BLO: Negative Non-Hemolyzed (trace or moderate) Hemolyzed (trace)
 1+ (small) 2+ (moderate) 3+ (large)

SG: _____

GLU: Negative 100 250 500 1000 2000



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Evaluator ID: _____

Date: ____ / ____ / ____
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1. Bladder scan volume prior to Paper Towel Test

Explanation (if not done) or Notes: _____

2. Paper Towel Test

Explanation (if not done) or Notes: _____

3. Uroflow

Explanation (if not done) or Notes: _____

4. Post void residual (PVR) With Scan

Explanation (if not done) or Notes: _____

5. Dipstick

Explanation (if not done) or Notes: _____

