

Patient number

Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

BPH FORM E03.1

October, 1993

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FORM NUMBER = (FORM)
FORM VERSION = (VERS)

NIH - BPH CLINICAL TRIAL: PILOT STUDY

URINARY EVENT REPORT

This form should be completed if the patient experiences an event listed in Section C.

Part I / IDENTIFICATION

A. Patient Identification

1. Patient number (PATID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
clinic		patient		

2. Patient's initials (INITS)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

3. Patient's date of birth (DOB)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

B. Initial Visit Information

1. Date of initial event visit (NVSTDT)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

2. Week of initial event visit (NVIWK)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Type of visit (NVITYP)

☐ Follow-up Visit

☐ Interim Visit

C. Urinary Event Identificaton

1. Type of event (NSCEI) ☐ Acute urinary retention event (Complete Part II)
- ☐ Recurrent urinary tract infection event (Complete Part III)
- ☐ Incontinence event (Complete Part IV)

Initials of person completing form (FORMIN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
first		last	

Date form completed

(FORMDT)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

Signature

Patient number

Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

Part II / ACUTE URINARY RETENTION EVENT

A. Acute Retention Event

Complete this section if the patient is unable to urinate and requires a catheter.

1. Date of catheterization (NARDTC)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

2. Is there an obvious cause of urinary retention other than BPH (e.g. alpha sympathomimetic medications or anesthesia)? (NAROBV)

YES	NO
<input type="text"/>	<input type="text"/>

If YES, CONTINUE. If NO, SKIP to Question 3.

The catheter should be removed and the patient should try to void.

a. Is the patient able to void with the catheter removed? (NARVOID)

YES	NO
<input type="text"/>	<input type="text"/>

If Question A.2.a is YES, this event should be recorded as an adverse event, but is not an acute urinary retention event. DO NOT STOP CODED MEDICATION.

If Question A.2 is NO or question A.2.a is NO, consultation with the Clinical Review Committee is required to declare an acute urinary retention event (i.e. discontinuation of coded medications).

3. Acute urinary retention event declared? (NARDEC)

YES	NO
<input type="text"/>	<input type="text"/>

If YES, CONTINUE.

4. Date of confirmation by Clinical Review Committee (NARCONF)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

This documents an acute urinary retention event. If the patient is on coded medication, STOP ALL CODED MEDICATION.

5. Is the patient on coded medications? (NARMED)

YES	NO
<input type="text"/>	<input type="text"/>

If YES, STOP ALL CODED MEDICATIONS AND CONTINUE.

6. Date coded medication discontinued (NARDISC)

<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year

Part III / RECURRENT URINARY TRACT INFECTION EVENT

A. Documentation of Urinalysis Cultures

Complete this section if the patient has had 2 positive urinalysis cultures within 1 year.

1. Has the patient had two positive cultures within 1 year? (NUT2CUL)

YES NO

1 2

If YES, CONTINUE.

- a. Date of first positive culture (NUT1PC)

month	day	year

- b. Date of negative culture (NUTNC)

month day year

- c. Date of second positive culture (NUT2PC)

month	day	year

Consultation with the Clinical Review Committee is required to declare a urinary tract infection event (i.e. discontinuation of coded medications).

2. Recurrent urinary tract infection event declared? (NUTDEC)

YES NO

1 2

If YES, CONTINUE.

3. Date of confirmation by Clinical Review Committee (NUTCONF)

month	day	year

This documents a recurrent urinary tract infection event. If the patient is on coded medication, STOP ALL CODED MEDICATION.

4. Is the patient on coded medications? (NUTMED)

YES NO

1 2

If YES, STOP ALL CODED MEDICATIONS AND CONTINUE.

5. Date coded medication discontinued (NUTDISC)

month	day	year

Date of visit

month	day	year