

# NIH - BPH TRIAL URINARY EVENT REPORT

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

## Part I / IDENTIFICATION

### A. Patient Identification

1. Patient number (PATID)

clinic		patient		

2. Patient's initials (INITS)

first		last	

3. Patient's date of birth (DOB)

month	day	year

### B. Initial Visit Information

1. Date of initial event visit (NVSTDT)

month	day	year

2. Week of initial event visit (NVIWK)

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3. Type of visit (NVITYP)

☐ Follow-up Visit

☐ Interim Visit

### C. Urinary Event Identification

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

Initials of person completing form (FORMIN)

first		last	

Form entered in computer?

☐

Signature of P.I.

Date

Date of visit

month	day	year

6. Date coded medication discontinued (NARDISC)

month	day	year

Date of visit

6. Date coded medication discontinued (NUTDISC) 

month	day	year

Date of visit

month	day	year