

Note: It is recommended that this data set have two additional key variables:

- SITE (to distinguish the location where the data are recorded) and
- SUBJECT (to distinguish the patient/study participant)

INTERNATIONAL SPINAL CORD INJURY DATA SETS

LOWER URINARY TRACT FUNCTION BASIC DATA SET - FORM

Date of data collection: YYYYMMDD

Urinary tract impairment unrelated to spinal cord lesion:

No Yes, specify Unknown

Awareness of the need to empty the bladder:

No Yes Not applicable Not known

Bladder emptying:

Normal voiding

Main Supplementary

Bladder reflex triggering

Voluntary (tapping, scratching, anal stretch, etc.)

Involuntary

Bladder expression

Straining (abdominal straining, Valsalva's manoeuvre)

External compression (Credé manoeuvre)

Intermittent catheterisation

Self-catheterisation

Catheterisation by attendant

Indwelling catheter

Transurethral

Suprapubic

Sacral anterior root stimulation

Non-continent urinary diversion/ostomy

Other method, specify _____

Unknown

Average number of voluntary bladder emptyings per day during the last week

Any involuntary urine leakage (incontinence) within the last three months:

No Yes, average daily Yes, average weekly Yes, average monthly
Not applicable Unknown

Collecting appliances for urinary incontinence:

No Yes, condom catheter/sheath

Yes, diaper/pad

Yes, ostomy bag

Yes, other, specify

Unknown

Any drugs for the urinary tract within the last year:

No Yes, bladder relaxant drugs (anticholinergics, tricyclic antidepressants, etc) **BLADRELX**
 Yes, sphincter/bladder neck relaxant drugs (alpha adrenergic **SPNCRELX**;))
 Yes, antibiotics/antiseptics: For treatment of urinary tract infection **ANTIUTI**
 For prophylactic reasons **ANTIPROP**
 Yes, other, specify **OTHDRG** **OTHDRGSP**
 Unknown

Surgical procedures on the urinary tract:

No **SPCATH** Yes, supra-pubic catheter insertion, date last performed YYYYMMDD **SPCATHDT**
BSTNRM Yes, bladder stone removal, date last performed YYYYMMDD **BSTNRMDT**
USTNRM Yes, upper urinary tract stone removal, date last performed YYYYMMDD **USTNRMDT**
BLADAG Yes, bladder augmentation, date last performed YYYYMMDD **BLADAGDT**
USTENT Yes, sphincterotomy/urethral stent, date last performed YYYYMMDD **USTENTDT**
BOTOX Yes, botulinum toxin injection, date last performed YYYYMMDD **BOTOXDT**
ARTSPH Yes, artificial sphincter, date last performed YYYYMMDD **ARTSPHDT**
ILVSCS Yes, ileovesicostomy, date last performed YYYYMMDD **ILVSCSDT**
ILURTS Yes, ileoureterostomy, date last performed YYYYMMDD **ILURTSDT**
CCATHV Yes, continent catheterizable valves, date last performed YYYYMMDD **CCATHVDT**
SARSTM Yes, sacral anterior root stimulator, date performed YYYYMMDD **SARSTMDT**
 Yes, other, spec **OTHSRG** **OTHSRGSP**, date performed YYYYMMDD **OTHSRGDT**
 Unknown

Any change in urinary symptoms within the last year: **URSXCHLY**

No Yes Not applicable Unknown