

Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # F/U 10 WEEKS..... VS05
F/U 14 MONTHS VS09
F/U 26 MONTHS VS11

F/U 8 MONTHS VS08
F/U 20 MONTHS .. VS10

A3. Date Form Completed: ____ / ____ / ____
Month Day Year

A4. Initials of Person Completing This Exam: ____

A5. Initials of Person Completing this Form: ____

SECTION B: ANTHROPOMETRIC MEASURES AND BLOOD PRESSURE

B1. Height: ____ inches

B2. Weight: ____ lbs

B3. Systolic BP: ____

B4. Diastolic BP: ____

SECTION C : PHYSICAL SYSTEMS AUDIT

This section includes questions about your general health, and conditions you may have developed since your were last seen for this study.

SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT & RECORD, 4 = SITE PI, 5 = PT REPORT AND SENT FOR MR. ↓

DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY OF THE FOLLOWING NEWLY IDENTIFIED CONDITIONS?		YES	NO	a. SOURCE CODE
ASK THE PATIENT, Since your last visit, have you:				
C1.	...been told that you have uncontrolled or poorly controlled diabetes?	1	2	
C2.	...been told that you have decompensated congestive heart failure?	1	2	
C3.	...been told that you have any other uncontrolled medical condition?	1↓	2	
If yes, specify: _____				
C4.	...been told that you have bladder or pelvic cancer?	1	2	
C5.	...had pelvic radiation therapy?	1	2	
C6.	...had urethral diverticulum (i.e. repaired)?	1	2	
C7.	...had augmentation cystoplasty or an artificial urethral sphincter?	1	2	
C8.	...received neuromodulation for pelvic indications?	1	2	
C9.	...treated a prolapse with a pessary or incontinence dish?	1↓	2	
C10.	...developed fecal impaction?	1	2	
C11.	...had any pelvic, rectal, incontinence, vaginal, bladder or prolapse surgery?	1↓	2	
If yes, specify: _____				
C12.	...been pregnant?	1↓	2	
If yes, when did you conceive?: _____ / _____ MONTH YEAR				
C13.	...been told that you have a systemic disease known to affect bladder function (e.g. Parkinson's disease, multiple sclerosis, spina bifida, spinal cord injury or trauma)?	1	2	
C14.	...become non-ambulatory?	1	2	
C15.	... developed any other conditions or symptoms that should be noted?	1↓	2	
If yes, describe: _____				