

Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # Intervention INT2

A3. Date Visit Completed: ____ / ____ / ____
Month Day YearA4. Interventionist's Initials: ____
(must be the Interventionist who completed the visit)A5. Date Form Completed: ____ / ____ / ____
Month Day Year

SECTION B: Drug Intervention

B1. Does the patient report taking any of the "Need To Know" drugs since her last visit? Yes 1
No 2 → SKIP TO B2

B1a. List these medications here: _____

Drug Adherence

B2. Detrol LA 4mg	B2a.	B2b.	B2c.	B2d.	B2e.
Record the # of 4 mg capsules taken since Visit 1:	Start Date	Stop Date (if still taking, code 01/01/0101)	# Remaining	# Recovered	# Dispensed
_____ (IF ZERO, SKIP TO B3)	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	____	____	____

B3. Detrol LA 2mg	B3a.	B3b.	B3c.	B3d.	B3e.
Record the # of 2 mg capsules taken since Visit 1:	Start Date	Stop Date (if still taking, code 01/01/0101)	# Remaining	# Recovered	# Dispensed
_____ (IF ZERO, SKIP TO B4)	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	____	____	____

B4. Did the patient take Detrol at the same time most days? Yes 1 No 2

B5. Were any interventions initiated for bothersome "yes" symptoms reported on the Symptoms Checklist (since Visit 1 and including today)?

Yes 1 No 2 → SKIP TO C1

B6. Record the symptom(s) and code(s) and the intervention(s) and code(s) for each bothersome "yes" symptom from the Symptoms Checklist. (See Symptom and Intervention Code Attachment).

	i. SYMPTOM NAME	ii. CODE	iii. INTERVENTION	iv. CODE
a.				
b.				
c.				

SECTION C: Abstraction of Key Elements from the Bladder Diary (All patients)

C1. Average # of **leaks per week**: ____ ____ ____ leaks / week

C2. Average # of **voids per 24 hour period** ____ ____ ____ voids/day

C3. What is the patient's training **group assignment**?

Drug-only 1 ➔ **SKIP TO D5**

Combination 2

SECTION D: Summary of Key Elements of the Behavioral Intervention (Combination Patients Only)

D1. Did the patient perform 5 consecutive pelvic floor muscle contractions?

Yes 1

No 2

D2. Was she able to minimize Valsalva and excessive accessory muscle contraction?

Yes 1

No 2

D3. Was Bladder Training initiated?

Yes 1

Not indicated 2

D4. Was Stress Strategy Training initiated?

Yes 1

Not indicated 2

D5. How long did the visit last? ____ ____ ____ minutes

(COUNT ONLY THE ACTUAL TIME SPENT IN-PERSON W/ INTERVENTIONIST.)

D6. Record the number of minutes spent with the patient between visits ____ ____ ____ minutes

(COUNT TIME SPENT WITH PATIENT IN PHONE CONTACTS OR IN-PERSON BETWEEN STUDY VISITS. DO NOT COUNT MINUTES SPENT MAKING OR RESCHEDULING APPOINTMENTS.)

SYMPTOM AND INTERVENTION CODE ATTACHMENT

SYMPTOM CODES	
01	pain or burning with urination
02	blood in your urine
03	difficulty emptying your bladder
04	difficulty starting your urine stream
05	skin rash
06	nausea
07	heartburn
08	dizziness
09	confusion or difficulty thinking clearly
10	sore throat
11	dry mouth
12	blurred vision
13	abdominal pain
14	constipation*
15	diarrhea**
16	pelvic muscle soreness
17	insomnia
18	fever
19	drowsiness
20	headache

INTERVENTION	
120	Dry mouth handout
121	Constipation handout
122	Decrease study drug dose to 2 mg
123	Stopped study drug
999	Other