

**Section A: General Study Information for Office Use Only:**

A1. Study ID#:

Label

A2. Visit # Intervention .....INT1

A3. Date Visit Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

A4. Interventionist's Initials: \_\_\_\_\_  
(must be the Interventionist who completed the visit)

A5. Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**SECTION B: Summary of Key Elements of the Drug Intervention (All patients)**

B1. Record the number of Detrol LA 4 mg capsules dispensed: \_\_\_\_\_ capsules

B2. Were any interventions initiated for bothersome "yes" symptoms reported on the Symptoms Checklist?

Yes ..... 1

No ..... 2 →SKIP TO C1

B3. 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. Number of **leaks per week**: \_\_\_\_\_ leaks / week

C2. Average # of **voids per day** (24 hours period) \_\_\_\_\_ voids/day

C3. Average **urine output per day** (24 hours period)? \_\_\_\_\_ oz / day

C3a. On average, does the patient void >70 oz / 24 hours?

Yes ..... 1

No ..... 2

C4. What is the patient's treatment **group assignment**?

Drug ..... 1 →SKIP TO D5

Drug and Behavior ..... 2

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

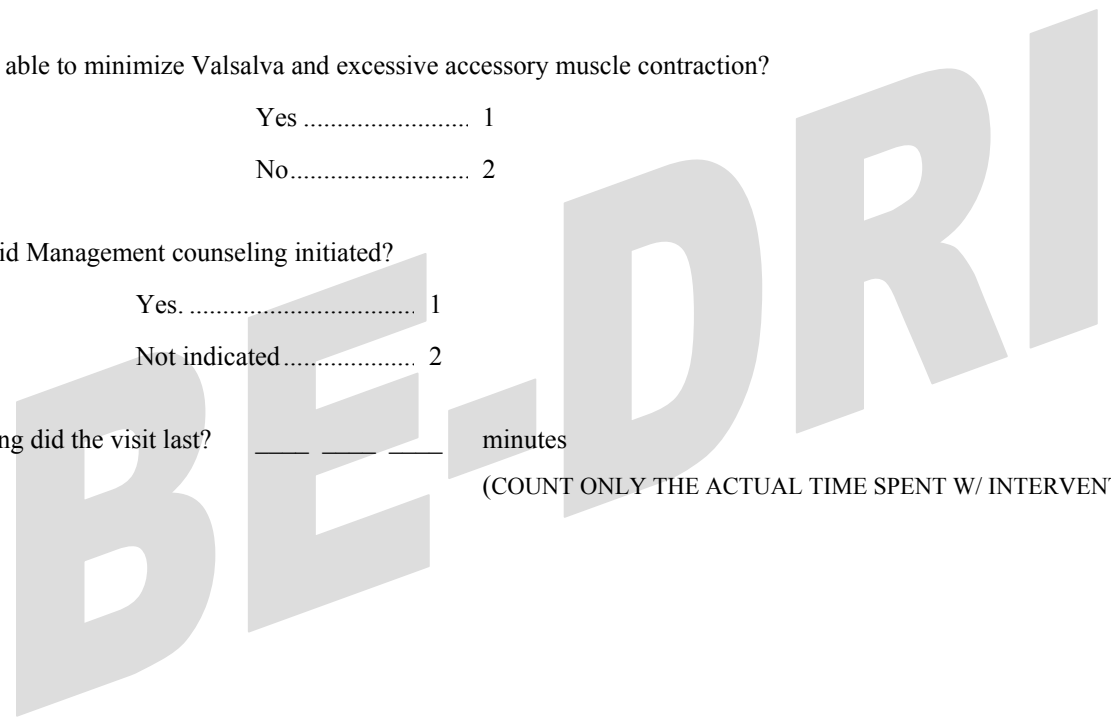
D1. Did the patient successfully identify pelvic floor muscles?  
 Yes, only vaginal feedback required..... 1  
 Yes, but anal feedback required..... 2  
 No..... 3

D2. Did she perform 5 consecutive pelvic floor muscle contractions? Yes..... 1  
 No..... 2

D3. Was she able to minimize Valsalva and excessive accessory muscle contraction?  
 Yes ..... 1  
 No..... 2

D4. Was Fluid Management counseling initiated?  
 Yes ..... 1  
 Not indicated..... 2

D5. How long did the visit last? \_\_\_\_\_ minutes  
 (COUNT ONLY THE ACTUAL TIME SPENT W/ INTERVENTIONIST.)



## SYMPTOM AND INTERVENTION CODE ATTACHMENT

<b>SYMPTOM CODES</b>	
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

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