



Section A: General Study Information for Office Use Only:

A1. Study ID#: _____ Label _____ **A2.** Visit # 8 Months.....VS08 14 Months.....VS09
 20 Months.....VS10 26 Months.....VS11
A3. Date Form Completed: ____/____/_____
 MONTH DAY YEAR **A4.** Initials of Person Completing this Form: _____

SECTION B: TREATMENT FOR STRESS URINARY INCONTINENCE

B1. Has the patient received any treatment for stress UI since randomization (if VS08) or the previous visit (if VS09-VS11)?

YES..... 1

NO..... 2 → **SKIP TO SECTION C**

B1a. Circle yes or no for all treatments received by the patient for SUI. (If YES, provide the first date of treatment):	YES	NO	Date of Treatment
i. Burch colposuspension.....	1	2	____/____/____ Month Day Year
ii Sling procedure.....	1	2	____/____/____ Month Day Year
iii Tightening of previous sling.....	1	2	____/____/____ Month Day Year
iv Needle suspension (Raz, Pereyra, Stamey, Gittes, etc.).....	1	2	____/____/____ Month Day Year
v Suburethral plication.....	1	2	____/____/____ Month Day Year
vi Periurethral bulking agent injection.....	1	2	____/____/____ Month Day Year
vii Other surgical treatment..... a. Specify _____	1	2	____/____/____ Month Day Year
viii Alpha-agonists.....	1	2	____/____/____ Month Day Year
ix Other pharmacologic treatment..... a. Specify _____	1	2	____/____/____ Month Day Year
x Pelvic muscle rehabilitation (with or without biofeedback).....	1	2	____/____/____ Month Day Year
xi Device insertion, such as vaginal cone, pessary, urethral plug, patch..	1	2	____/____/____ Month Day Year
xii Any other treatment..... a. Specify _____	1	2	____/____/____ Month Day Year

SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE

Principal Investigator's Signature: _____ Date: ____/____/____
 Month Day Year