F265: Follow-Up Physical Systems Audit, version 09/01/04 (A)



| 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 20 MONTHS VS10 | | | | | | |
| A3. Date Form Completed:// | Year | | | | | | |
| A4. Initials of Person Completing This Exam: A5. Initials of Person Completing this Form: | | | | | | | |
| SECTION B: ANTHROPOMETRIC MEASURES AND BLOOD PRESSURE | | | | | | | |
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| B1. Height: inches | B2. Weight: lbs | | | | | | |
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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? | | 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? | | 2 | | |
| C5. | had pelvic radiation therapy? | | 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?:/ | | | | |
| 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 Ψ | 2 | | |
| | If yes, describe: | | | | |