

Data Set Name: esister_analysis.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	sling	Num	8			Sling per rando comp
3	site	Num	8	BLNSTF.		
4	age	Num	8			Age(yrs)
5	educ	Num	8	EDUCF.		Education
6	uisurg	Num	8	YNF.		Prior incontinence surgery
7	bmi	Num	8			BMI: wt(kg)/ht (m^2)
8	stage	Num	8			POP-Q stage
9	qtip_rst	Num	8			Q-tip resting angle
10	qtip_str	Num	8			Q-tip strainig angle
11	STRESS_INDEX	Num	8	X212F.	4.	Stress Index
12	URGE_INDEX	Num	8	X212F.	4.	Urge Index
13	diffwt	Num	8			Post-Pre Wts
14	ave_acc	Num	8			Incontinence Episode per Day
15	udi_o	Num	8			Obstructive Symptoms
16	udi_i	Num	8			Irritative Symptoms
17	udi_s	Num	8			Stress Symptoms
18	udi_tot	Num	8			Total UDI
19	iiq_a	Num	8			Activity
20	iiq_t	Num	8			Travel
21	iiq_so	Num	8			Social
22	iiq_e	Num	8			Emotional
23	iiq_tot	Num	8			Total IIQ
24	PISQ_12	Num	8			UI Sexual Function
25	marstat	Num	8	MAR.		Marital status
26	stagecat	Num	8	STAGEF.		POP-Q stage (collapsed)
27	qtip_delta	Num	8			qtip_delta: qtip_str-qtip_rst
28	sexact6m	Num	8	YNF.		Sexual activities in 6 months?
29	v_del	Num	8			Vaginal deliveries
30	h_inc	Num	8	INCF.		Household Income (collapsed)
31	hispanic	Num	8	HISPF.		Ethnicity
32	STR_BM	Num	8	YESNOFF.	3.	FM01: G7. Do you have to strain to have bowel movements
33	OFT_STR_BM	Num	8	STRBMF.	3.	FM01: G7a. How often do you have to strain to have bowel movements
34	GAS_LK	Num	8	YESNOFF.	3.	FM01: G8. Do you have leaking or loss of control of gas
35	OFT_GAS_LK	Num	8	X93F.	3.	FM01: G8a. How often do you have leaking or loss of control of gas
36	LIQ_STOOL_LK	Num	8	YESNOFF.	3.	FM01: G9. Do you have leaking or loss of control of liquid stool

Num	Variable	Type	Len	Format	Informat	Label
37	OFT_LIQ_LK	Num	8	X93F.	3.	FM01: G9a. How often do you have leaking or loss of liquid stool
38	SOL_STOOL_LK	Num	8	YESNOFF.	3.	FM01: G10. Do you have leaking or loss of control of solid stool
39	OFT_SOLID_LK	Num	8	X93F.	3.	FM01: G10a. How often do you have leaking or loss of solid stool
40	BEND_UR	Num	8	YESNOFF.	3.	FM01: E1b. ... bend forward to urinate?
41	DRIB_STR	Num	8	YESNOFF.	3.	FM01: E2e. ... dribbling after you finish voiding?
42	HESIT_STR	Num	8	YESNOFF.	3.	FM01: E2d. ... a hesitating stream of urine (stops and starts)?
43	LEAN_UR	Num	8	YESNOFF.	3.	FM01: E1c. ... lean back to urinate?
44	OTH_ACC_UR	Num	8	YESNOFF.	3.	FM01: E1g. ... do anything else to urinate?
45	OTH_STR	Num	8	YESNOFF.	3.	FM01: E2f. ... some other description?
46	PRESS_UR	Num	8	YESNOFF.	3.	FM01: E1e. ... press on your bladder to urinate?
47	PUSH_UR	Num	8	YESNOFF.	3.	FM01: E1f. ... push on the vagina or perineum to empty your bladder?
48	SLOW_STR	Num	8	YESNOFF.	3.	FM01: E2b. ... a slow stream of urine?
49	SPURT_STR	Num	8	YESNOFF.	3.	FM01: E2c. ... a sputing splitting or spraying stream of urine?
50	STAND_UR	Num	8	YESNOFF.	3.	FM01: E1d. ... stand up to urinate?
51	STEADY_STR	Num	8	YESNOFF.	3.	FM01: E2a. ... a steady stream of urine?
52	STRAIN_UR	Num	8	YESNOFF.	3.	FM01: E1a. ... strain to urinate?
53	valid_pt	Num	8			PadTest:Valid
54	TOT_VOID	Num	8	X212F.	3.	FM06: C9. Total Void
55	valid_vd	Num	8			Diary:Valid
56	ave_void	Num	8			Diary: ave #voids per dy
57	tot_acc	Num	8			Diary: total #accidents per dy
58	detrusor	Num	8	YESNONUF.		Detrusor overactivity?
59	vlpp_nored	Num	8			Unreduced mean VLPP
60	d_vlpp_nored	Num	8			Unreduced delta VLPP
61	usi	Num	8	USIF.		urodynamic stress incontinence: yes/no
62	any_retx	Num	8			Any retreatment for urge, retention, prolapse, SUI (FM93)
63	any_urge_sui_med	Num	8			Any medication for urge or SUI (FM93)
64	educ3	Num	8	EDUC3F.		Education
65	vagdel3	Num	8	VDEL3F.		Vaginal Deliveries
66	strain_bm	Num	8	STRBMF.		Strain to have BM and how often
67	STEADY_STR2	Num	8	YESNOFF.		Steady Stream (1:Abnormal (No steady), 0:Normal)
68	gas_inc	Num	8			Flatus Incontinence (montly)
69	liq_inc	Num	8			Liquid Incontinence (montly)
70	sol_inc	Num	8			Solid Incontinence (montly)
71	newincont	Num	8	NEWINCF.		Urinary only, Liquid only, Solid only, Solid/Liquid (Yes/No)
72	newincont2	Num	8	NEWINCF.		Urinary only, Liquid only, Solid only, Solid/Liquid (monthly)
73	newincont3	Num	8	NEWINC2F.		Urinary only, Liquid only, Solid/Liquid (montly)
74	newincont4	Num	8	NEWINC2F.		Urinary only, Liquid only, Solid/Liquid (Yes/No)
75	soliq_inc	Num	8			Urinary only, Solid/Liquid Incontinence (montly)

Num	Variable	Type	Len	Format	Informat	Label
76	soliq_inc2	Num	8			Urinary only, Solid/Liquid Incontinence (Yes/No)
77	any_fec_inc	Num	8			Any Fecal Incontinence (gas, solid or liquid)
78	any_antichol_00	Num	8			Anticholinergic use at baseline
79	any_antichol_06	Num	8			Anticholinergic use at 6m
80	any_antichol_12	Num	8			Anticholinergic use at 12m
81	any_antichol_18	Num	8			Anticholinergic use at 18m
82	any_antichol_24	Num	8			Anticholinergic use at 24m
83	any_antichol_30	Num	8			Anticholinergic use at 30m
84	any_antichol_36	Num	8			Anticholinergic use at 36m
85	any_antichol_42	Num	8			Anticholinergic use at 42m
86	any_antichol_48	Num	8			Anticholinergic use at 48m
87	any_antichol_54	Num	8			Anticholinergic use at 54m
88	any_antichol_60	Num	8			Anticholinergic use at 60m
89	any_antichol_66	Num	8			Anticholinergic use at 66m
90	any_antichol_72	Num	8			Anticholinergic use at 72m
91	any_antichol_78	Num	8			Anticholinergic use at 78m
92	any_antichol_84	Num	8			Anticholinergic use at 84m
93	any_antichol_03	Num	8			Anticholinergic use at 3m
94	urge_index_03	Num	8			Urge index at 3m
95	urge_index_06	Num	8			Urge index at 6m
96	urge_index_12	Num	8			Urge index at 12m
97	urge_index_18	Num	8			Urge index at 18m
98	urge_index_24	Num	8			Urge index at 24m
99	urge_index_30	Num	8			Urge index at 30m
100	urge_index_36	Num	8			Urge index at 36m
101	urge_index_42	Num	8			Urge index at 42m
102	urge_index_48	Num	8			Urge index at 48m
103	urge_index_54	Num	8			Urge index at 54m
104	urge_index_60	Num	8			Urge index at 60m
105	urge_index_66	Num	8			Urge index at 66m
106	urge_index_72	Num	8			Urge index at 72m
107	urge_index_78	Num	8			Urge index at 78m
108	urge_index_84	Num	8			Urge index at 84m
109	udi_tot_06	Num	8			UDI at 6m
110	udi_tot_12	Num	8			UDI at 12m
111	udi_tot_18	Num	8			UDI at 18m
112	udi_tot_24	Num	8			UDI at 24m
113	udi_tot_30	Num	8			UDI at 30m
114	udi_tot_36	Num	8			UDI at 36m

Num	Variable	Type	Len	Format	Informat	Label
115	udi_tot_42	Num	8			UDI at 42m
116	udi_tot_54	Num	8			UDI at 54m
117	udi_tot_60	Num	8			UDI at 60m
118	udi_tot_66	Num	8			UDI at 66m
119	udi_tot_72	Num	8			UDI at 72m
120	udi_tot_78	Num	8			UDI at 78m
121	udi_tot_84	Num	8			UDI at 84m
122	udi_tot_48	Num	8			UDI at 48m
123	iiq_tot_06	Num	8			iiq at 6m
124	iiq_tot_12	Num	8			iiq at 12m
125	iiq_tot_18	Num	8			iiq at 18m
126	iiq_tot_24	Num	8			iiq at 24m
127	iiq_tot_30	Num	8			iiq at 30m
128	iiq_tot_36	Num	8			iiq at 36m
129	iiq_tot_42	Num	8			iiq at 42m
130	iiq_tot_54	Num	8			iiq at 54m
131	iiq_tot_60	Num	8			iiq at 60m
132	iiq_tot_66	Num	8			iiq at 66m
133	iiq_tot_72	Num	8			iiq at 72m
134	iiq_tot_78	Num	8			iiq at 78m
135	iiq_tot_84	Num	8			iiq at 84m
136	iiq_tot_48	Num	8			iiq at 48m
137	urgeui_tx_06	Num	8			Treatment for urge at 6m
138	urgeui_tx_12	Num	8			Treatment for urge at 12m
139	urgeui_tx_18	Num	8			Treatment for urge at 18m
140	urgeui_tx_24	Num	8			Treatment for urge at 24m
141	urgeui_tx_30	Num	8			Treatment for urge at 30m
142	urgeui_tx_36	Num	8			Treatment for urge at 36m
143	urgeui_tx_42	Num	8			Treatment for urge at 42m
144	urgeui_tx_48	Num	8			Treatment for urge at 48m
145	urgeui_tx_54	Num	8			Treatment for urge at 54m
146	urgeui_tx_60	Num	8			Treatment for urge at 60m
147	urgeui_tx_66	Num	8			Treatment for urge at 66m
148	urgeui_tx_72	Num	8			Treatment for urge at 72m
149	urgeui_tx_78	Num	8			Treatment for urge at 78m
150	urgeui_tx_84	Num	8			Treatment for urge at 84m
151	pelv_surg_06	Num	8			Pelvic surgery at 6m
152	pelv_surg_12	Num	8			Pelvic surgery at 12m
153	pelv_surg_18	Num	8			Pelvic surgery at 18m

Num	Variable	Type	Len	Format	Informat	Label
154	pelv_surg_24	Num	8			Pelvic surgery at 24m
155	pelv_surg_30	Num	8			Pelvic surgery at 30m
156	pelv_surg_36	Num	8			Pelvic surgery at 36m
157	pelv_surg_42	Num	8			Pelvic surgery at 42m
158	pelv_surg_48	Num	8			Pelvic surgery at 48m
159	pelv_surg_54	Num	8			Pelvic surgery at 54m
160	pelv_surg_60	Num	8			Pelvic surgery at 60m
161	pelv_surg_66	Num	8			Pelvic surgery at 66m
162	pelv_surg_72	Num	8			Pelvic surgery at 72m
163	pelv_surg_78	Num	8			Pelvic surgery at 78m
164	pelv_surg_84	Num	8			Pelvic surgery at 84m
165	leak_06	Num	8	X483F.		Satisfaction with leakage at 6m
166	leak_12	Num	8	X483F.		Satisfaction with leakage at 12m
167	leak_18	Num	8	X483F.		Satisfaction with leakage at 18m
168	leak_24	Num	8	X483F.		Satisfaction with leakage at 24m
169	leak_30	Num	8	X483F.		Satisfaction with leakage at 30m
170	leak_36	Num	8	X483F.		Satisfaction with leakage at 36m
171	leak_42	Num	8	X483F.		Satisfaction with leakage at 42m
172	leak_54	Num	8	X483F.		Satisfaction with leakage at 54m
173	leak_60	Num	8	X483F.		Satisfaction with leakage at 60m
174	leak_66	Num	8	X483F.		Satisfaction with leakage at 66m
175	leak_72	Num	8	X483F.		Satisfaction with leakage at 72m
176	leak_78	Num	8	X483F.		Satisfaction with leakage at 78m
177	leak_84	Num	8	X483F.		Satisfaction with leakage at 84m
178	leak_48	Num	8	X483F.		Satisfaction with leakage at 48m
179	bmi_24	Num	8			BMI at 24m
180	bmi_36	Num	8			BMI at 36m
181	bmi_48	Num	8			BMI at 48m
182	bmi_60	Num	8			BMI at 60m
183	bmi_72	Num	8			BMI at 72m
184	bmi_84	Num	8			BMI at 84m
185	floor_age	Num	8			

Data Set Name: f51_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM51: A2. Visit #
3	INT_TYPE	Num	8	X532F.	3.	FM51: A5. Interview type
4	FORM_LANG	Num	8	X507F.	3.	FM51: A6. Which version of this form was used
5	MESA_STR_1	Num	8	X405F.	3.	FM51: B1. Does coughing gently cause you to lose urine
6	MESA_STR_2	Num	8	X405F.	3.	FM51: B2. Does coughing hard cause you to lose urine
7	MESA_STR_3	Num	8	X405F.	3.	FM51: B3. Does sneezing cause you to lose urine?
8	MESA_STR_4	Num	8	X405F.	3.	FM51: B4. Does lifting things cause you to lose urine?
9	MESA_STR_5	Num	8	X405F.	3.	FM51: B5. Does bending cause you to lose urine?
10	MESA_STR_6	Num	8	X405F.	3.	FM51: B6. Does laughing cause you to lose urine?
11	MESA_STR_7	Num	8	X405F.	3.	FM51: B7. Does walking briskly or jogging cause you to lose urine?
12	MESA_STR_8	Num	8	X405F.	3.	FM51: B8. Does straining cause you to lose urine?
13	MESA_STR_9	Num	8	X405F.	3.	FM51: B9. Does getting up from sitting cause you to lose urine?
14	MESA_RES	Num	8	X739F.	3.	FM51: B10. Did the patient answer "sometimes or often" to any of B1-B9?
15	MESA_URG_1	Num	8	X405F.	3.	FM51: B11. How often do you receive little warning?
16	MESA_URG_2	Num	8	X405F.	3.	FM51: B12. How often do you end up losing uring or wetting yourself?
17	MESA_URG_3	Num	8	X405F.	3.	FM51: B13. Do you lose urine when you feel your bladder is full?
18	MESA_URG_4	Num	8	X405F.	3.	FM51: B14. Does washing your hands cause you to lose urine?
19	MESA_URG_5	Num	8	X405F.	3.	FM51: B15. Does cold weather cause you to lose urine?
20	MESA_URG_6	Num	8	X405F.	3.	FM51: B16. Does drinking cold beverages cause you to lose urine?
21	UR_FREQ	Num	8	X739F.	3.	FM51: C1. Have you had an increase in your frequency of urination
22	UR_SUDDEN	Num	8	X739F.	3.	FM51: C2. Do you now have sudden urges to rush into bathroom?
23	CATH_USE	Num	8	X739F.	3.	FM51: C3. Do you currently use a catheter to empty your bladder?
24	CATH_FREQ	Num	8	X459F.	3.	FM51: C3a. How often?
25	STRAIN_UR	Num	8	X739F.	3.	FM51: C4a. ... strain to urinate?
26	BEND_UR	Num	8	X739F.	3.	FM51: C4b. ... bend forward to urinate?
27	LEAN_UR	Num	8	X739F.	3.	FM51: C4c. ... lean back to urinate?
28	STAND_UR	Num	8	X739F.	3.	FM51: C4d. ... stand up to urinate?
29	PRESS_UR	Num	8	X739F.	3.	FM51: C4e. ... press on your bladder to urinate?
30	PUSH_UR	Num	8	X739F.	3.	FM51: C4f. ... push on the vagina or perineum to empty your bladder?
31	OTH_ACC_UR	Num	8	X739F.	3.	FM51: C4g. ... do anything else to urinate?
32	STEADY_STR	Num	8	X739F.	3.	FM51: C5a. ... a steady stream of urine?
33	SLOW_STR	Num	8	X739F.	3.	FM51: C5b. ... a slow stream of urine?
34	SPURT_STR	Num	8	X739F.	3.	FM51: C5c. ... a spurting splitting or spraying stream of urine?
35	HESIT_STR	Num	8	X739F.	3.	FM51: C5d. ... a hesitating stream of urine (stops and starts)?
36	DRIB_STR	Num	8	X739F.	3.	FM51: C5e. ... dribbling after you finish voiding?

Num	Variable	Type	Len	Format	Informat	Label
37	OTH_STR	Num	8	X739F.	3.	FM51: C5f. ... some other description?
38	UR_TIME	Num	8	X568F.	3.	FM51: C6. How would you describe the time it takes to urinate now
39	UR_BOTH	Num	8	X592F.	3.	FM51: C7. How bothered are you by the way you now urinate
40	BULGING	Num	8	X739F.	3.	FM51: C8. Have you experienced bulging in vaginal area since surgery?
41	STOOL_SOFT	Num	8	X739F.	3.	FM51: C9. Are you currently taking stool softeners?
42	STR_BM	Num	8	X739F.	3.	FM51: C10. Do you have to strain to have bowel movements
43	OFT_STR_BM	Num	8	X540F.	3.	FM51: C10a. How often do you have to strain to have bowel movements
44	GAS_LK	Num	8	X739F.	3.	FM51: C11. Do you have leaking or loss of control of gas
45	OFT_GAS_LK	Num	8	X539F.	3.	FM51: C11a. How often does this happen?
46	LIQ_STOOL_LK	Num	8	X739F.	3.	FM51: C12. Do you have leaking or loss of control of liquid stool
47	OFT_LIQ_LK	Num	8	X539F.	3.	FM51: C12a. How often does this happen?
48	SOL_STOOL_LK	Num	8	X739F.	3.	FM51: C13. Do you have leaking or loss of control of solid stool
49	OFT_SOLID_LK	Num	8	X539F.	3.	FM51: C13a. How often does this happen?
50	PAIN_MED	Num	8	X739F.	3.	FM51: D1. Do you take medication for pain related to your surgery?
51	PAIN_SURG	Num	8	X739F.	3.	FM51: D2. Do you have physical pain directly related to your surgery
52	PAIN_SCALE	Num	8	X401F.	3.	FM51: D3. How would you rate your pain
53	HEALTH_SERV	Num	8	X739F.	3.	FM51: E1. Does patient report any physician visit, ER, hospital, other
54	HEALTH_TREAT	Num	8	X739F.	3.	FM51: E2. Does patient report any treatment for problem?
55	urge_score	Num	8			MESA urge score
56	stress_score	Num	8			MESA stress score
57	stress_index	Num	8			MESA stress index
58	urge_index	Num	8			MESA urge index
59	MESA_score	Num	8			MESA total score
60	DAYS	Num	8			Completion days since randomization

Data Set Name: f52_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM52: A2. Visit
3	PT_RPT_PAIN	Num	8	X739F.	3.	FM52: B1. Does the patient report any pain
4	PHYS_JUDGE	Num	8	X739F.	3.	FM52: B1a. Do you judge this pain to be related to index surgery
5	PT_RPT_RET	Num	8	X739F.	3.	FM52: B2a. Symptom: Urinary retention
6	PT_RPT_PRO	Num	8	X739F.	3.	FM52: B2b. Symptom: Vaginal prolapse
7	PT_RPT_UI	Num	8	X739F.	3.	FM52: B2c. Symptom: de novo urge incontinence
8	YES_SYMP	Num	8	X739F.	3.	FM52: B3. Did you code yes to any of B2a-e
9	SYMP_TREAT	Num	8	X739F.	3.	FM52: B4. Does the patient report any treatment
10	PT_RPT_SUI	Num	8	X739F.	3.	FM52: B2e. Symptom: stress urinary incontinence
11	PT_RPT_PUI	Num	8	X739F.	3.	FM52: B2d. Symptom: persistent urge incontinence
12	FU30_BEYOND	Num	8	X739F.	3.	FM52: B5. Form being completed as part of the FU30 visit or beyond
13	HERNIA	Num	8	X739F.	3.	FM52: B6b. New/Continuing evidence of: Hernia
14	HYDRONEPH	Num	8	X739F.	3.	FM52: B6e. New/Continuing evidence of:Hydronephrosis
15	RECURR_CYST	Num	8	X739F.	3.	FM52: B6d. New/Continuing evidence of: Recurrent cystitis
16	DAYS	Num	8			Completion days since randomization
17	OTH_SYMPTOM	Num	8			FM52: B7. Any other symptom or complication

Data Set Name: f56_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM56: A2. Visit #
3	PT_DATA	Num	8	X739F.	3.	FM56: B1. Are there Pad Test measures to record below?
4	TOT_PADS	Num	8	X401F.	3.	FM56: B3. Number of pads distributed in the Kit:
5	MENST	Num	8	X739F.	3.	FM56: B6. Was the patient menstruating when Pad Test was conducted?
6	PT_PROTO	Num	8	X739F.	3.	FM56: B7. Was the Pad Test completed per protocol requirements?
7	PT_VALIDITY	Num	8	X718F.	3.	FM56: B8. Do you judge the test to be valid or invalid?
8	SUM_PRE	Num	8	X401F.	7.2	FM56: B15. Sum of all pre-weights
9	SUM_POST	Num	8	X401F.	8.2	FM56: B16. Sum of all post-weights
10	WEIGHT_DIFF	Num	8	X401F.	8.2	FM56: B17. What is the difference of B16 - B15?
11	WEIGHT_FAIL	Num	8	X739F.	3.	FM56: B18. Is B17 >= 15.00 grams?
12	valid_pt	Num	8			FM56: PadTest:Valid
13	repeat_meas_vd	Num	8	X739F.	3.	FM56: A4. Is this a repeat measure due to an invalid test?
14	VD_DATA	Num	8	X739F.	3.	FM56: C1. Are there voiding diary data to record below
15	DAY1_DAY	Num	8	X696F.	3.	FM56: C3a. Day of the week: Day 1
16	DAY1_ACC	Num	8	X401F.	3.	FM56: C3b. Number of accidents: Day 1
17	WAKE_VOID_1	Num	8	X401F.	3.	FM56: C3c. Toilet voids during waking hours: Day 1
18	BED_VOID_1	Num	8	X401F.	3.	FM56: C3d. Toilet voids during bedtime hours: Day 1
19	DAY2_DAY	Num	8	X696F.	3.	FM56: C4a. Day of the week: Day 2
20	DAY2_ACC	Num	8	X401F.	3.	FM56: C4b. Number of accidents: day 2
21	WAKE_VOID_2	Num	8	X401F.	3.	FM56: C4c. Toilet voids during waking hour: Day 2
22	BED_VOID_2	Num	8	X401F.	3.	FM56: C4d. Toilet voids during bedtime hours:Day2
23	DAY3_DAY	Num	8	X696F.	3.	FM56: C5a. Day of the week:Day 3
24	DAY3_ACC	Num	8	X401F.	3.	FM56: C5b. Number of accidents:day3
25	WAKE_VOID_3	Num	8	X401F.	3.	FM56: C5c. Toilet voids during waking hour: Day 3
26	BED_VOID_3	Num	8	X401F.	3.	FM56: C5d. Toilet voids during bedtime hours:Day3
27	ANY_ACCID	Num	8	X739F.	3.	FM56: C6. Did the woman report any accidents during the 3-day Diary?
28	VD_PROTO	Num	8	X739F.	3.	FM56: C7. Was the Voiding Diary completed per protocol?
29	VD_DEV_TYPE	Num	8	X611F.	3.	FM56: C7a. Was it a...
30	VD_VALIDITY	Num	8	X718F.	3.	FM56: C8. Do you judge voiding diary to be valid or invalid?
31	valid_vd	Num	8			FM56: Diary:Valid
32	tot_void1	Num	8			FM56: Total toilet voids:day1
33	tot_void2	Num	8			FM56: Total toilet voids:day2
34	tot_void3	Num	8			FM56: Total toilet voids:day3
35	valid_void_dys	Num	8			FM56: Diary: total valid days for voids data
36	tot_void	Num	8			FM56: Diary:NumVoids (in 3dy)

Num	Variable	Type	Len	Format	Informat	Label
37	ave_void	Num	8			FM56: Diary: ave #voids per dy
38	tot_acc	Num	8			FM56: Diary: # of accidents (in 3dy)
39	ave_acc	Num	8			FM56: Diary: ave #accidents per dy
40	valid_acc_dys	Num	8			FM56: Diary: total valid days for accidents data
41	DAYS	Num	8			Completion Days since randomization
42	DAYSVOID	Num	8			Days voiding diary distributed since randomization
43	DAY1	Num	8			Days of diary day 1 since randomization
44	DAY2	Num	8			Days of diary day 2 since randomization
45	DAY3	Num	8			Days of diary day 3 since randomization
46	Dayfail	Num	8			Days of diary failure since randomization
47	pt_time_min	Num	8			FM56: B5. PAD test time in minutes
48	pt_time_hr	Num	8			FM56: B5. PAD test time in hours

Data Set Name: f57_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM57: A2. Visit
3	MODE1	Num	8	X659F.	3.	FM57: A5. Mode:
4	FORM_LANG	Num	8	X507F.	3.	FM57: A6. Which version of this form was used?
5	LEAK	Num	8	X483F.	3.	FM57: B1. ...Urine leakage?
6	URGENCY	Num	8	X483F.	3.	FM57: B2. ...An urgency to urinate such that...?
7	FREQ_UR	Num	8	X483F.	3.	FM57: B3. ...Frequent urination?
8	PHSY_ACT	Num	8	X483F.	3.	FM57: B4. ...Physical activities?
9	SOC_ACT	Num	8	X483F.	3.	FM57: B5. ... Social activities?
10	SEX_ACT	Num	8	X483F.	3.	FM57: B6. ... Sexual activities?
11	EMOTIONS	Num	8	X483F.	3.	FM57: B7. ... Your emotions?
12	CHOOSE_	Num	8	X739F.	3.	FM57: B8. ... would you still choose to have this surgery?
13	RECOMMEND	Num	8	X739F.	3.	FM57: B9. Would you recommend this surgery to family member or friend?
14	QC1	Num	8	X739F.	3.	FM57: C1. ...frequent urination?
15	QC1A	Num	8	QCFMT.	3.	FM57: C1a. IF YES...
16	QC2	Num	8	X739F.	3.	FM57: C2. ...a strong feeling or urgency to empty bladder?
17	QC2A	Num	8	QCFMT.	3.	FM57: C2a. IF YES...
18	QC3	Num	8	X739F.	3.	FM57: C3. ...urine leakage related to urgency?
19	QC3A	Num	8	QCFMT.	3.	FM57: C3a. IF YES...
20	QC4	Num	8	X739F.	3.	FM57: C4. ...urine leakage related to physical activity?
21	QC4A	Num	8	QCFMT.	3.	FM57: C4a. IF YES...
22	QC5	Num	8	X739F.	3.	FM57: C5. ...general urine leakage not related to urgency?
23	QC5A	Num	8	QCFMT.	3.	FM57: C5a. IF YES...
24	QC6	Num	8	X739F.	3.	FM57: C6. ...small amounts of urine leakage?
25	QC6A	Num	8	QCFMT.	3.	FM57: C6a. IF YES...
26	QC7	Num	8	X739F.	3.	FM57: C7. ...large amounts of urine leakage?
27	QC7A	Num	8	QCFMT.	3.	FM57: C7a. IF YES...
28	QC8	Num	8	X739F.	3.	FM57: C8. ...nighttime urination?
29	QC8A	Num	8	QCFMT.	3.	FM57: C8a. IF YES...
30	QC9	Num	8	X739F.	3.	FM57: C9. ...bedwetting?
31	QC9A	Num	8	QCFMT.	3.	FM57: C9a. IF YES...
32	QC10	Num	8	X739F.	3.	FM57: C10. ...difficulty emptying your bladder?
33	QC10A	Num	8	QCFMT.	3.	FM57: C10a. IF YES...
34	QC11	Num	8	X739F.	3.	FM57: C11. ...feeling of incomplete bladder emptying?
35	QC11A	Num	8	QCFMT.	3.	FM57: C11a. IF YES...
36	QC12	Num	8	X739F.	3.	FM57: C12. ...lower abdominal pressure?

Num	Variable	Type	Len	Format	Informat	Label
37	QC12A	Num	8	QCFMT.	3.	FM57: C12a. IF YES...
38	QC13	Num	8	X739F.	3.	FM57: C13. ...pain when urinating?
39	QC13A	Num	8	QCFMT.	3.	FM57: C13a. IF YES...
40	QC14	Num	8	X739F.	3.	FM57: C14. ...pain in lower abdominal or genital area?
41	QC14A	Num	8	QCFMT.	3.	FM57: C14a. IF YES...
42	QC15	Num	8	X739F.	3.	FM57: C15. ...heaviness in pelvic area?
43	QC15A	Num	8	QCFMT.	3.	FM57: C15a. IF YES...
44	QC16	Num	8	X739F.	3.	FM57: C16. ...feeling of bulging in vaginal area?
45	QC16A	Num	8	QCFMT.	3.	FM57: C16a. IF YES...
46	QC17	Num	8	X739F.	3.	FM57: C17. ...bulging or protrusion you can see...
47	QC17A	Num	8	QCFMT.	3.	FM57: C17a. IF YES...
48	QC18	Num	8	X739F.	3.	FM57: C18. ...pelvic discomfort when standing...
49	QC18A	Num	8	QCFMT.	3.	FM57: C18a. IF YES...
50	QC19	Num	8	X739F.	3.	FM57: C19. Do you have to push to empty your bladder?
51	QC19A	Num	8	QCFMT.	3.	FM57: C19a. IF YES...
52	QC20	Num	8	X739F.	3.	FM57: C20. Do you have to push to have bowel movement?
53	QC20A	Num	8	QCFMT.	3.	FM57: C20a. IF YES...
54	PROLAPSE	Num	8	X739F.	3.	FM57: C21. Do you experience any other symptoms...?
55	QOL_SYMP_COD	Char	3	\$3.	\$3.	FM57: C22a. Code:
56	QC23	Num	8	QCBFMT.	3.	FM57: C23. ...ability to do household chores?
57	QC24	Num	8	QCBFMT.	3.	FM57: C24. ...ability to do usual maintenance or repair?
58	QC25	Num	8	QCBFMT.	3.	FM57: C25. ...shopping activities?
59	QC26	Num	8	QCBFMT.	3.	FM57: C26. ...hobbies and pastime activities?
60	QC27	Num	8	QCBFMT.	3.	FM57: C27. ...physical recreational activities?
61	QC28	Num	8	QCBFMT.	3.	FM57: C28. ...entertainment activities?
62	QC29	Num	8	QCBFMT.	3.	FM57: C29. ...ability to travel by car or bus less than 20 min.s away?
63	QC30	Num	8	QCBFMT.	3.	FM57: C30. ...ability to travel by car or bus more than 20 min.s away?
64	QC31	Num	8	QCBFMT.	3.	FM57: C31. ...going to places where you are not sure about restrooms?
65	QC32	Num	8	QCBFMT.	3.	FM57: C32. ...going on vacation?
66	QC33	Num	8	QCBFMT.	3.	FM57: C33. ...church or temple attendance?
67	QC34	Num	8	QCBFMT.	3.	FM57: C34. ...volunteer activities?
68	QC35	Num	8	QCBFMT.	3.	FM57: C35. ...employment outside the home?
69	QC36	Num	8	QCBFMT.	3.	FM57: C36. ...having friends visit?
70	QC37	Num	8	QCBFMT.	3.	FM57: C37. ...participation in social activities outside home?
71	QC38	Num	8	QCBFMT.	3.	FM57: C38. ...relationships with friends?
72	QC39	Num	8	QCBFMT.	3.	FM57: C39. ...relationships with family excluding husband?
73	QC40	Num	8	QCBFMT.	3.	FM57: C40. ...ability to have sexual relations?
74	QC41	Num	8	QCBFMT.	3.	FM57: C41. ...the way you dress?
75	QC42	Num	8	QCBFMT.	3.	FM57: C42. ...emotional health

Num	Variable	Type	Len	Format	Informat	Label
76	QC43	Num	8	QCBFMT.	3.	FM57: C43. ...physical health
77	QC44	Num	8	QCBFMT.	3.	FM57: C44. ...sleep?
78	QC45	Num	8	QCBFMT.	3.	FM57: C45. ...how much does fear of odor restrict your activities?
79	QC46	Num	8	QCBFMT.	3.	FM57: C46. ...how much does fear of embar. restrict your activities?
80	QC47	Num	8	QCBFMT.	3.	FM57: C47. ...nervousness or anxiety?
81	QC48	Num	8	QCBFMT.	3.	FM57: C48. ...fear?
82	QC49	Num	8	QCBFMT.	3.	FM57: C49. ...frustration?
83	QC50	Num	8	QCBFMT.	3.	FM57: C50. ...anger?
84	QC51	Num	8	QCBFMT.	3.	FM57: C51. ...depression?
85	QC52	Num	8	QCBFMT.	3.	FM57: C52. ...embarrassment?
86	QE1	Num	8	X739F.	3.	FM57: D1. In past 6 months, engaged in sexual activities with partner?
87	QF1	Num	8	X460F.	3.	FM57: E1. How frequently do you feel sexual desire?
88	QF2	Num	8	X460F.	3.	FM57: E2. Do you climax during sexual intercourse?
89	QF3	Num	8	X460F.	3.	FM57: E3. Do you feel sexually excited when having sex?
90	QF4	Num	8	X460F.	3.	FM57: E4. How satisfied are you with variety?
91	QF5	Num	8	X460F.	3.	FM57: E5. Do you feel pain during intercourse?
92	QF6	Num	8	X460F.	3.	FM57: E6. Are you incontinent of urine...?
93	QF7	Num	8	X460F.	3.	FM57: E7. Does fear of incontinence restrict ...?
94	QF8	Num	8	X460F.	3.	FM57: E8. Do you avoid sexual intercourse because of bulging...?
95	QF9	Num	8	X460F.	3.	FM57: E9. When having sex, do you have negative emotional reactions..?
96	QF10	Num	8	X460F.	3.	FM57: E10. Does your partner have problems with erections...?
97	QF11	Num	8	X460F.	3.	FM57: E11. Does your partner have problems with premature ejaculations?
98	QF12	Num	8	X460F.	3.	FM57: E12. Compared to orgasms you had in past...?
99	PARTNER	Num	8	X739F.	3.	FM57: F1. Do you have a partner at this time?
100	QG2	Num	8	X460F.	3.	FM57: F2. How frequently do you feel sexual desire?
101	QG3	Num	8	X460F.	3.	FM57: F3. How satisfied are you with the variety...?
102	QG4	Num	8	X460F.	3.	FM57: F4. Does fear of pain restrict your activity?
103	QG5	Num	8	X460F.	3.	FM57: F5. Does fear of incontinence restrict your sexual activity?
104	QG6	Num	8	X460F.	3.	FM57: F6. Do you avoid sexual intercourse because of bulging...?
105	sympt_score	Num	8			Satisfaction with symptoms (b1, b2, b3)
106	activ_score	Num	8			Satisfaction with capability to perform activities (b4, b5, b6)
107	emot_score	Num	8			Satisfaction with emotions (b7)
108	satis_score	Num	8			Summary satisfaction score: sympt_score + activ_score + emot_score
109	iiq_a	Num	8			Activity
110	iiq_t	Num	8			Travel
111	iiq_so	Num	8			Social
112	iiq_e	Num	8			Emotional
113	iiq_tot	Num	8			Total IIQ

Num	Variable	Type	Len	Format	Informat	Label
114	udi_o	Num	8			Obstructive Symptoms
115	udi_i	Num	8			Irritative Symptoms
116	udi_s	Num	8			Stress Symptoms
117	udi_tot	Num	8			Total UDI
118	sexact6m	Num	8			FM57: E1. In past 6 months, engaged in sexual activities with partner?
119	pisq_12	Num	8			PISQ score (for those sexually active)
120	DAYS	Num	8			Completion days since randomization

Data Set Name: f58_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM58: A2. Visit #
3	MODE1	Num	8	X659F.	3.	FM58: A5. Mode
4	FORM_LANG	Num	8	X507F.	3.	FM58: A6. Which version of this form was used?
5	LINERS	Num	8	X401F.	3.	FM58: B1. Pantyliners or minipads
6	MAXIPADS	Num	8	X401F.	3.	FM58: B2. Maxipads such as Kotex or Modess
7	INCONT_PADS	Num	8	X401F.	3.	FM58: B3. Incontinence Pads such as Serenity or Poise
8	DIAPERS	Num	8	X401F.	3.	FM58: B4. Diapers such as Depends or Attends
9	URETH_PADS	Num	8	X401F.	3.	FM58: B5. Urethral pads such as Impress, Femassist
10	TOILET_PAP	Num	8	X401F.	3.	FM58: B6. Toilet paper
11	PAP_TOWEL	Num	8	X401F.	3.	FM58: B7. Paper towels
12	OTHER	Num	8	X401F.	3.	FM58: B8a. Other
13	UNDERWEAR	Num	8	X401F.	3.	FM58: B9. Underwear
14	INCON_PANTS	Num	8	X401F.	3.	FM58: B10. Incontinence pants
15	CLOTHING	Num	8	X401F.	3.	FM58: B11. Clothing
16	TOWELS	Num	8	X401F.	3.	FM58: B12. Towels or wash clothes
17	BED_LINENS	Num	8	X401F.	3.	FM58: B13. Bed linens
18	BED_PAD	Num	8	X401F.	3.	FM58: B14. Bed pad
19	CHAIR_PROT	Num	8	X401F.	3.	FM58: B15. Chair protection
20	LAUNDRY	Num	8	X401F.	3.	FM58: B16. How many loads of wash did you do 7 days
21	DC_PANTS	Num	8	X401F.	3.	FM58: B17. Pants
22	DC_SKIRT	Num	8	X401F.	3.	FM58: B18. Skirt
23	DC_DRESS	Num	8	X401F.	3.	FM58: B19. Dress
24	DC_SUIT	Num	8	X401F.	3.	FM58: B20. Suit
25	DC_BLOUSE	Num	8	X401F.	3.	FM58: B21. Blouse
26	LIMIT_EMP	Num	8	X739F.	3.	FM58: B22. In the last year, did UI stop or limit your employment
27	STOP_D	Char	10	\$10.	\$10.	FM58: B22a. When did you stop or limit your employment due UI
28	ADDL_MONEY	Num	8	X401F.	9.2	FM58: B22b. How much additional money per month...?
29	SEE_NEWS	Num	8	C1FMT.	3.	FM58: C1. Which one best describes your ability to see... past week
30	SEE_FRIEND	Num	8	C2FMT.	3.	FM58: C2. Which one of the following describes... recognize friend
31	HEAR_GROUP	Num	8	C3FMT.	3.	FM58: C3. Which one of the following... to hear what was said
32	HEAR_QUIET	Num	8	C4FMT.	3.	FM58: C4. conversation with one other person in a quiet room?
33	UNDER_STRANG	Num	8	C5FMT.	3.	FM58: C5. To be understood when speaking your own language?
34	UNDER_FRIEND	Num	8	C6FMT.	3.	FM58: C6. To be understood when speaking with people?
35	FEELING_1	Num	8	X530F.	3.	FM58: C7. You have been feeling?
36	DISCOMFORT_1	Num	8	X516F.	3.	FM58: C8. Pain and discomfort you have experienced?

Num	Variable	Type	Len	Format	Informat	Label
37	WALK	Num	8	X450F.	3.	FM58: C9. Ability to walk?
38	HANDS_FINGS	Num	8	X524F.	3.	FM58: C10. Use your hands and fingers?
39	REMEMBER	Num	8	X443F.	3.	FM58: C11. Ability to remember things?
40	THINK_SOLVE	Num	8	X447F.	3.	FM58: C12. To think and solve day to day problems?
41	BASIC_ACT	Num	8	X506F.	3.	FM58: C13. Basic activities
42	FEELING_2	Num	8	X527F.	3.	FM58: C14. Feeling during the past week
43	DISCOMFORT_2	Num	8	X519F.	3.	FM58: C15. Pain or discomfort
44	HEALTH_RATE	Num	8	X510F.	3.	FM58: C16. Rate your health
45	COMPLETION	Num	8	X471F.	3.	FM58: C17. How did you complete the questionnaire
46	WHO_COMP	Num	8	X604F.	3.	FM58: C17a. Who completed it?
47	LEAK_3	Num	8	D123FMT.	3.	FM58: D1. Reduce incontinence by 25%
48	LEAK_2	Num	8	D123FMT.	3.	FM58: D2. Reduce incontinence by 50%
49	NO_LEAK	Num	8	D123FMT.	3.	FM58: D3. You do not leak urine
50	PERS_INCOME	Num	8	D45FMT.	3.	FM58: D4. Personal income
51	HH_INCOME	Num	8	D45FMT.	3.	FM58: D5. Combined or total income of your household
52	HUI3VL	Num	8			HUI3 Vision Level
53	HUI3HL	Num	8			HUI3 Hearing Level
54	HUI3SL	Num	8			HUI3 Speech Level
55	HUI3CL	Num	8			HUI3 Cognition Level
56	HUI3AL	Num	8			HUI3 Ambulation Level
57	HUI3DL	Num	8			HUI3 Dexterity Level
58	HUI3EL	Num	8			HUI3 Emotion Level
59	HUI3PL	Num	8			HUI3 Pain Level
60	HUI2SL	Num	8			HUI2 Sensation Level
61	HUI2ML	Num	8			HUI2 Mobility Level
62	HUI2CL	Num	8			HUI2 Cognition Level
63	HUI2BL	Num	8			HUI2 Self-care Level
64	HUI2EL	Num	8			HUI2 Emotion Level
65	HUI2PL	Num	8			HUI2 Pain Level
66	HUI2FL	Num	8			HUI2 Fertility Level
67	HUI3VU	Num	8			HUI3 Vision Utility Score
68	HUI3HU	Num	8			HUI3 Hearing Utility Score
69	HUI3SU	Num	8			HUI3 Speech Utility Score
70	HUI3CU	Num	8			HUI3 Cognition Utility Score
71	HUI3AU	Num	8			HUI3 Ambulation Utility Score
72	HUI3DU	Num	8			HUI3 Dexterity Utility Score
73	HUI3EU	Num	8			HUI3 Emotion Utility Score
74	HUI3PU	Num	8			HUI3 Pain Utility Score
75	HUI2SU	Num	8			HUI2 Sensation Utility Score

Num	Variable	Type	Len	Format	Informat	Label
76	HUI2MU	Num	8			HUI2 Mobility Utility Score
77	HUI2CU	Num	8			HUI2 Cognition Utility Score
78	HUI2BU	Num	8			HUI2 Self-care Utility Score
79	HUI2EU	Num	8			HUI2 Emotion Utility Score
80	HUI2PU	Num	8			HUI2 Pain Utility Score
81	HUI2FU	Num	8			HUI2 Fertility Utility Score
82	HUI2OU	Num	8			HUI2 Overall Utility Score
83	HUI3OU	Num	8			HUI3 Overall Utility Score
84	DAYS	Num	8			Completion days since randomization

Data Set Name: f60_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	FORM_LANG	Num	8	X507F.	3.	FM60: A5. Which version of this form was used
3	HEIGHT	Num	8	X401F.	3.	FM60: B1. Height in inches
4	WEIGHT	Num	8	X401F.	4.	FM60: B2. Weight in pounds
5	URETH_DIV	Num	8	X739F.	3.	FM60: C5. Have you been diagnosed with urethral diverticulum?
6	URETH_DIV_A	Num	8	X620F.	3.	FM60: C5a. Source code: urethral diverticulum
7	AUG_CST	Num	8	X739F.	3.	FM60: C6. Have you ever had augmentation cystoplasty?
8	AUG_CST_A	Num	8	X620F.	3.	FM60: C6a. Source code: augmentation
9	PARK_DIS	Num	8	X739F.	3.	FM60: C8. Do you have Parkinson's Disease?
10	PARK_DIS_A	Num	8	X620F.	3.	FM60: C8a. Source code: Parkinson's Disease
11	SPIN_BIF	Num	8	X739F.	3.	FM60: C10. Do you have spina bifida?
12	SPIN_BIF_A	Num	8	X620F.	3.	FM60: C10a. Source code: spina bifida
13	DIABETES	Num	8	X739F.	3.	FM60: C12. Have you ever been diagnosed with diabetes?
14	DIABETES_A	Num	8	X620F.	3.	FM60: C12a. Source code: diabetes
15	VISIT	Char	4	\$4.	\$4.	FM60: A2. Visit #
16	DAYS	Num	8			Completion days since randomization

Data Set Name: f70_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	sling	Num	8	SLINGF.		Randomization assignment
2	site	Num	8	BLNSTF.		Clinical site
3	AID	Num	8			Subject ID
4	PARTICIPATE	Num	8	X743F.	3.	FM70: B1. Did the patient sign consent to participate in E-SISTER?
5	DAYS_C	Num	8			Completion days since randomization
6	DAYS_S	Num	8			Consent days since randomization

Data Set Name: f80_esister.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	LAST_VISIT	Char	4	\$4.	\$4.	FM80: A4. Patient's Last Study Visit
3	FINAL_STATUS	Num	8	X479F.	3.	FM80: B1. What was the patient's final study status?
4	DAYS	Num	8			Completion days since randomization
5	lost	Num	8			Days between randomization and lost
6	consent	Num	8			Days between randomization and withdrawal of consent
7	wdraw	Num	8			Days between randomization and last data collection
8	other	Num	8			Days between randomization and other loss to folow-up

Data Set Name: finlstat.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	PARTICIPATE	Num	8	X742F.	3.	FM70: B1. Did the patient sign consent to participate in E-SISTER?
3	MESA_RES	Num	8	X738F.	3.	FM51: B10. Did the patient answer "sometimes or often" to any of B1-B9?
4	PT_VALIDITY	Num	8	X717F.	3.	FM56: B8. Do you judge the test to be valid or invalid?
5	ANY_ACCID	Num	8	X738F.	3.	FM56: C6. Did the woman report any accidents during the 3-day Diary?
6	VD_VALIDITY	Num	8	X717F.	3.	FM56: C8. Do you judge voiding diary to be valid or invalid?
7	mesa6	Num	8			MESA at 6mo visit
8	mesa12	Num	8			MESA at 12mo visit
9	mesa18	Num	8			MESA at 18mo visit
10	mesa24	Num	8			MESA at 24mo visit
11	mesa30	Num	8			MESA at 30mo visit
12	mesa36	Num	8			MESA at 36mo visit
13	mesa42	Num	8			MESA at 42mo visit
14	mesa48	Num	8			MESA at 48mo visit
15	mesa54	Num	8			MESA at 54mo visit
16	mesa60	Num	8			MESA at 60mo visit
17	mesa66	Num	8			MESA at 66mo visit
18	mesa72	Num	8			MESA at 72mo visit
19	mesa78	Num	8			MESA at 78mo visit
20	mesa84	Num	8			MESA at 84mo visit
21	diary6	Num	8			diary at 6mo visit
22	diary12	Num	8			diary at 12mo visit
23	diary24	Num	8			diary at 24mo visit
24	diary36	Num	8			diary at 36mo visit
25	diary48	Num	8			diary at 48mo visit
26	diary60	Num	8			diary at 60mo visit
27	diary72	Num	8			diary at 72mo visit
28	diary84	Num	8			diary at 84mo visit
29	visit6	Num	8			6mo visit attended
30	visit12	Num	8			12mo visit attended
31	visit18	Num	8			18mo visit attended
32	visit24	Num	8			24mo visit attended
33	visit30	Num	8			30mo visit attended
34	visit36	Num	8			36mo visit attended
35	visit42	Num	8			42mo visit attended
36	visit48	Num	8			48mo visit attended

Num	Variable	Type	Len	Format	Informat	Label
37	visit54	Num	8			54mo visit attended
38	visit60	Num	8			60mo visit attended
39	visit66	Num	8			66mo visit attended
40	visit72	Num	8			72mo visit attended
41	visit78	Num	8			78mo visit attended
42	visit84	Num	8			84mo visit attended
43	stress_ind24	Num	8			MESA stress index 24mo
44	urge_ind24	Num	8			MESA urge index 24mo
45	ecomp6	Num	8			6mo e-sister outcomes complete
46	ecomp12	Num	8			12mo e-sister outcomes complete
47	ecomp18	Num	8			18mo e-sister outcomes complete
48	ecomp24	Num	8			24mo e-sister outcomes complete
49	ecomp30	Num	8			30mo e-sister outcomes complete
50	ecomp36	Num	8			36mo e-sister outcomes complete
51	ecomp42	Num	8			42mo e-sister outcome complete
52	ecomp48	Num	8			48mo e-sister outcome complete
53	ecomp54	Num	8			54mo e-sister outcome complete
54	ecomp60	Num	8			60mo e-sister outcome complete
55	ecomp66	Num	8			66mo e-sister outcome complete
56	ecomp72	Num	8			72mo e-sister outcome complete
57	ecomp78	Num	8			78mo e-sister outcome complete
58	ecomp84	Num	8			84mo e-sister outcome complete
59	visit6w	Num	8			6wk visit attended
60	visit3	Num	8			3mo visit attended
61	sling	Num	8			Sling per rando comp
62	site	Num	8	BLNSTF.		
63	randod	Num	8			Randomized
64	FAIL_VISIT	Char	4	\$4.	\$4.	FM94: A6. With which visit is this failure associated?
65	ST_FAIL1	Num	8	YESNOFF.		B1. Positive Stress Test
66	MESA_FAIL1	Num	8	YESNOFF.		B2. Self-reported stress-type UI symptoms
67	PAD_FAIL1	Num	8	YESNOFF.		B3. Positive Pad Test
68	VD_FAIL1	Num	8	YESNOFF.		B4. Self-reported leakage by 3-day voiding diary
69	SURG_FAIL1	Num	8	YESNOFF.		B5. Surgical retreatment for SUI
70	MED_FAIL1	Num	8	YESNOFF.		B6. Pharmacologic treatment for SUI
71	BEHAV_FAIL1	Num	8	YESNOFF.		B7. Behavioral treatment for SUI
72	DEVICE_FAIL1	Num	8	YESNOFF.		B8. Device treatment for SUI
73	OTHER_FAIL1	Num	8	YESNOFF.		B9. Other treatment for SUI
74	st_fail_dy1	Num	8			#days btw rand & Stress fail date
75	mesa_fail_dy1	Num	8			#days btw rand & Mesa fail date

Num	Variable	Type	Len	Format	Informat	Label
76	pad_fail_dy1	Num	8			#days btw rand & Pad fail date
77	vd_fail_dy1	Num	8			#days btw rand & Void diary fail date
78	surg_fail_dy1	Num	8			#days btw rand & Surg retx fail date
79	med_fail_dy1	Num	8			#days btw rand & Meds fail date
80	behav_fail_dy1	Num	8			#days btw rand & Behav fail date
81	device_fail_dy1	Num	8			#days btw rand & Device fail date
82	other_fail_dy1	Num	8			#days btw rand & Other fail date
83	nform	Num	8			# of FM94 forms
84	diff_dy	Num	8			#days btw rand & earliest fail date
85	failure	Num	8			Any Overall failure
86	totfails	Num	8			# of types of overall failure
87	totefail	Num	8			# of types of e-Sister failures
88	efail	Num	8			Any e-sister failure
89	e_status	Num	8	LTSTATF.		Failure status at 84 month (7 year)
90	days_e	Num	8			Time to failure (days)
91	visit_e	Num	8			Time to failure (month)
92	e_status60	Num	8	LTSTATF.		Failure status at 60 month (5 year)
93	efail60	Num	8			Failure at 60m yes/no
94	mesa_fail160	Num	8			MESA failure at 60m
95	vd_fail160	Num	8			Voiding diary failure at 60m
96	surg_fail160	Num	8			Surgical retreatment at 60m
97	med_fail160	Num	8			Medical retreatment at 60m
98	behav_fail160	Num	8			Behavioral retreatment at 60m
99	device_fail160	Num	8			Pelvic device retreatment at 60m
100	other_fail160	Num	8			Other failure at 60m
101	visit_e60	Num	8			Time to failure at 60m (months)
102	days_e60	Num	8			Time to failure at 60m (days)

Data Set Name: baseline.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	sling	Num	8			Sling per rando comp
2	age	Num	8			Age(yrs)
3	hisp	Num	8	YNF.		Hispanic (yes vs. no)
4	race	Num	8	RACEF.		RACE:WBAPIOM
5	educ	Num	8	EDUCF.		Education
6	marital	Num	8	MARITALF.		Marital Status
7	ev_preg	Num	8	YNF.		Ever Preg
8	n_preg	Num	8			# Pregs
9	ev_smoke	Num	8	YNF.		Ever Smoker
10	cr_smoke	Num	8	YNF.		Current Smoker
11	occ_score	Num	8			Nam-Powers-Terrie Occupational Scores
12	diab	Num	8	YNF.		Diabetes
13	uti	Num	8	YNF.		UTI:3 in 12 mos
14	menop	Num	8	MENOPF.		Pre,Post,Peri,??
15	uisurg	Num	8	YNF.		Prior UI Surgery
16	uitrt	Num	8	YNF.		Prior UI Trt
17	bmi	Num	8			Body Mass Index (kg/m^2)
18	stage	Num	8			POP-Q stage
19	qtip_rst	Num	8			Q-tip resting angle
20	qtip_str	Num	8			Q-tip straining angle
21	HEALTH_RATE	Num	8	X73F.	3.	FM08: C16. Rate your health
22	p_income	Num	8	INCOMEF.		Personal Income
23	h_income	Num	8	INCOMEF.		Household Income
24	STRESS_SCORE	Num	8	X212F.	3.	FM01: C13. Stress symptoms score
25	STRESS_INDEX	Num	8	X212F.	4.	FM01: C14. Stress Index
26	URGE_SCORE	Num	8	X212F.	3.	FM01: D7. Urge symptoms score
27	URGE_INDEX	Num	8	X212F.	4.	FM01: D8. Urge Index
28	diffwt	Num	8			Pad test weight (gm)
29	valid_pt	Num	8			PadTest:Valid
30	valid_vd	Num	8			Diary:Valid
31	tot_acc	Num	8			Diary: total #accidents per dy
32	ave_acc	Num	8			Diary: ave #accidents per dy
33	expect	Num	8			Mean of non-missing expectations
34	udi_o	Num	8			Obstructive Symptoms
35	udi_i	Num	8			Irritative Symptoms
36	udi_s	Num	8			Stress Symptoms

Num	Variable	Type	Len	Format	Informat	Label
37	udi_tot	Num	8			Total UDI
38	iiq_a	Num	8			Activity
39	iiq_t	Num	8			Travel
40	iiq_so	Num	8			Social
41	iiq_e	Num	8			Emotional
42	iiq_tot	Num	8			Total IIQ
43	PISQ_12	Num	8			UI Sexual Function
44	HUI2OU	Num	8			HUI2 Overall Utility Score
45	HUI3OU	Num	8			HUI3 Overall Utility Score
46	prolap_ct	Num	8			# Previous Prolapse Surgeries
47	gynec	Num	8	YNF.		Previous Gynecologic Surgery
48	prolap	Num	8	YNF.		Previous Prolapse Surgery
49	hyst	Num	8	YNF.		Previous Hysterectomy Surgery
50	antrep	Num	8	YNF.		Previous Anterior Repair
51	cesdel	Num	8	YNF.		Previous Cesarean Delivery
52	uisurg_ct	Num	8			Number of prior UI surgeries
53	gas_inc	Num	8			Fecal incontinence: gas
54	liq_inc	Num	8			Fecal incontinence: liquid stool
55	sol_inc	Num	8			Fecal incontinence: solid stool
56	any_fec_inc	Num	8	YNF.		Any Fecal Incontinence (gas, solid or liquid)
57	soliq_inc	Num	8			Fecal incontinence: solid or liquid stool
58	marstat	Num	8	MAR.		Marital status - 2 categories
59	wt_kg	Num	8			Weight in kg
60	obese	Num	8			bmi 3: >=30, 2: 25--30, 1: <25
61	MESA_score	Num	8			Total MESA score
62	MESA_index	Num	8			Total MESA index
63	str_only	Num	8	ONLYSTRF.		Type: stress vs. mixed
64	stress_mixed	Num	8	STRMIXF.		Type: stress only/stress predom/ mixed
65	inctype	Num	8	INCTYPEF.		Incontinence type using MESA
66	age65	Num	8	YNF.		Age >=65 ?
67	wt_lbs	Num	8			Weight in pounds
68	ht_in	Num	8			Height in inches
69	bmi_30	Num	8			BMI>30: 1=Yes, 0=No
70	smkstat	Num	8	SMKSTATF.		Smoking Status
71	largwtgm	Num	8			Weight of largest baby (gm)
72	largwtoz	Num	8			Weight of largest baby (oz)
73	stagecat	Num	8	STAGEF.		POP-Q stage (collapsed)
74	qtip_delta	Num	8			qtip_delta: qtip_str-qtip_rst
75	sexact6m	Num	8	YNF.		Sexual activities in 6 months?

Num	Variable	Type	Len	Format	Informat	Label
76	n_pregnew	Num	8			# of Pregnancy (8+ are coded as 8)
77	v_del	Num	8			Vaginal deliveries
78	any_vag_del	Num	8			Any Vaginal Delivery
79	c_sect	Num	8	CSECTF.		Cesarean Delivery (C-section)
80	any_hrt	Num	8	HRTF.		Any use of HRT
81	uitrtsurg	Num	8	YNF.		Any UI Treatment/Surgery
82	h_inc	Num	8	INCF.		Household Income (collapsed)
83	hispanic	Num	8	HISPF.		Ethnicity
84	pc_durcat	Num	8			D2. PCG strength: Duration (categorized)
85	brink	Num	8			Brink's PCG strength total score
86	aacat	Num	8	AACATF.		Categorized POPQ Aa
87	ant_ui_surg	Num	8	YNF.		Anterior/UI surgery
88	dur_inc_mth	Num	8			Duration of Incontinence (mths)
89	dur_inc_yrs	Num	8			Duration of Incontinence (yrs)
90	AID	Num	8			Subject ID
91	blsite	Char	1			Site code

Data Set Name: f01.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ETHNICITY	Num	8	X192F.	3.	FM01: B1. Do you consider yourself to be Hispanic or Latino
2	RACE_WH	Num	8	X192F.	3.	FM01: B2a. Race: White, Caucasian
3	RACE_BL	Num	8	X192F.	3.	FM01: B2b. Race: Black, African American
4	RACE_AI	Num	8	X192F.	3.	FM01: B2e. Race: American Indian or Alaskan Native
5	RACE_OTH	Num	8	X192F.	3.	FM01: B2f. Was any other race mentioned?
6	EDUCATION	Num	8	X92F.	3.	FM01: B3. What is the highest grade of school that you have completed?
7	MAR_STAT	Num	8	X97F.	3.	FM01: B4. What is your current marital status
8	WORK_HIST	Num	8	X192F.	3.	FM01: B5. Have you ever worked?
9	WORK_HIST_2	Num	8	X192F.	3.	FM01: B7. Have you ever worked?
10	MESA_STR_1	Num	8	X4F.	3.	FM01: C1. Does coughing gently cause you to lose urine
11	MESA_STR_2	Num	8	X4F.	3.	FM01: C2. Does coughing hard cause you to lose urine
12	MESA_STR_3	Num	8	X4F.	3.	FM01: C3. Does sneezing cause you to lose urine
13	MESA_STR_4	Num	8	X4F.	3.	FM01: C4. Does lifting things cause you to lose urine
14	MESA_STR_5	Num	8	X4F.	3.	FM01: C5. Does bending cause you to lose urine
15	MESA_STR_6	Num	8	X4F.	3.	FM01: C6. Does laughing cause you to lose urine
16	MESA_STR_7	Num	8	X4F.	3.	FM01: C7. Does walking briskly or jogging cause you to lose urine
17	MESA_STR_8	Num	8	X4F.	3.	FM01: C8. Does straining cause you to lose urine
18	MESA_STR_9	Num	8	X4F.	3.	FM01: C9. Does getting up from sitting cause you to lose urine
19	MESA_STRESS	Num	8	X192F.	3.	FM01: C10. Did patient answer "Rarely, Sometimes or Often"?
20	LEAK_DUR	Num	8	X192F.	3.	FM01: C11. Have you had these types of problems for 3 months or more
21	STRESS_SCORE	Num	8	X212F.	3.	FM01: C13. Stress symptoms score
22	STRESS_INDEX	Num	8	X212F.	4.	FM01: C14. Stress Index
23	MESA_URG_1	Num	8	X4F.	3.	FM01: D1. Urge symptoms: Little warning
24	MESA_URG_2	Num	8	X4F.	3.	FM01: D2. Urge symptoms: Wetting self
25	MESA_URG_3	Num	8	X4F.	3.	FM01: D3. Urge symptoms: Sudden bladder full
26	MESA_URG_4	Num	8	X4F.	3.	FM01: D4. Urge symptoms: Washing hands
27	MESA_URG_5	Num	8	X4F.	3.	FM01: D5. Urge symptoms: Cold weather
28	MESA_URG_6	Num	8	X4F.	3.	FM01: D6. Urge symptoms: Drinking cold beverages
29	URGE_SCORE	Num	8	X212F.	3.	FM01: D7. Urge symptoms score
30	URGE_INDEX	Num	8	X212F.	4.	FM01: D8. Urge Index
31	PRED_STRESS	Num	8	X192F.	3.	FM01: D9. Do the index scores indicate predominant stress incontinence
32	CURR_PREG	Num	8	X192F.	3.	FM01: F1. Are you currently pregnant
33	EVER_PREG	Num	8	X192F.	3.	FM01: F2. have you ever been pregnant
34	REC_PREG_ELG	Num	8	X192F.	3.	FM01: F4. Is that greater than or equal to 12 months ago today
35	VAG_DEL_LB	Num	8	X212F.	3.	FM01: F7a1. Weight of largest baby delivered vaginally: Lbs
36	VAG_DEL_OZ	Num	8	X212F.	3.	FM01: F7a2. Weight of largest baby delivered vaginally: Oz

Num	Variable	Type	Len	Format	Informat	Label
37	VAG_DEL_GM	Num	8	X212F.	5.	FM01: F7b. Weight of largest baby delivered vaginally:gram
38	SCHEDULE	Num	8	X187F.	3.	FM01: F8. Will the patient be available for the follow-up period?
39	LIFETIME_CIG	Num	8	X192F.	3.	FM01: G1. Did you ever smoke more than 100 cigarettes
40	REG_SMOK_AGE	Num	8	X212F.	4.	FM01: G2. How old were you when you began smoking regularly
41	CIG_DAY_ALL	Num	8	X212F.	4.	FM01: G3. How many cigarettes did you smoke per day?
42	CURR_SMOKE	Num	8	X192F.	3.	FM01: G4. Do you currently smoke
43	CIG_DAY_NOW	Num	8	X212F.	4.	FM01: G5. How many cigarettes did you smoke per day?
44	AGE_QUIT	Num	8	X212F.	4.	FM01: G6. How old were you when you most recently quit?
45	STR_BM	Num	8	X192F.	3.	FM01: G7. Do you have to strain to have bowel movements
46	OFT_STR_BM	Num	8	X95F.	3.	FM01: G7a. How often do you have to strain to have bowel movements
47	GAS_LK	Num	8	X192F.	3.	FM01: G8. Do you have leaking or loss of control of gas
48	OFT_GAS_LK	Num	8	X93F.	3.	FM01: G8a. How often do you have leaking or loss of control of gas
49	LIQ_STOOL_LK	Num	8	X192F.	3.	FM01: G9. Do you have leaking or loss of control of liquid stool
50	SOL_STOOL_LK	Num	8	X192F.	3.	FM01: G10. Do you have leaking or loss of control of solid stool
51	ALL_ELIG_SUM	Num	8	X192F.	3.	FM01: H1. Does the patient meet all eligibility criteria?
52	OCCUP_CODE	Num	8	X212F.	4.	FM01: B5b. NAM-POWERS OCCUPATION CODE
53	SP_OCC_CODE	Num	8	X212F.	4.	FM01: B6b. NAM-POWERS OCCUPATION CODE
54	BEND_UR	Num	8	X192F.	3.	FM01: E1b. ... bend forward to urinate?
55	DRIB_STR	Num	8	X192F.	3.	FM01: E2e. ... dribbling after you finish voiding?
56	HESIT_STR	Num	8	X192F.	3.	FM01: E2d. ... a hesitating stream of urine (stops and starts)?
57	LEAN_UR	Num	8	X192F.	3.	FM01: E1c. ... lean back to urinate?
58	OTH_ACC_UR	Num	8	X192F.	3.	FM01: E1g. ... do anything else to urinate?
59	OTH_STR	Num	8	X192F.	3.	FM01: E2f. ... some other description?
60	PRESS_UR	Num	8	X192F.	3.	FM01: E1e. ... press on your bladder to urinate?
61	PUSH_UR	Num	8	X192F.	3.	FM01: E1f. ... push on the vagina or perineum to empty your bladder?
62	SLOW_STR	Num	8	X192F.	3.	FM01: E2b. ... a slow stream of urine?
63	SPURT_STR	Num	8	X192F.	3.	FM01: E2c. ... a sputing splitting or spraying stream of urine?
64	STAND_UR	Num	8	X192F.	3.	FM01: E1d. ... stand up to urinate?
65	STEADY_STR	Num	8	X192F.	3.	FM01: E2a. ... a steady stream of urine?
66	STRAIN_UR	Num	8	X192F.	3.	FM01: E1a. ... strain to urinate?
67	rm_fm01	Num	8			FM01: Had repeated measure
68	AID	Num	8			Subject ID
69	oft_liq_lk1	Num	8			FM01: G9a. How often do you have leaking or loss of liquid stool
70	oft_solid_lk1	Num	8			FM01: G10a. How often do you have leaking or loss of solid stool
71	num_preg1	Num	8			Number of pregnancies
72	vag_dell	Num	8			Number of vaginal deliveries

Data Set Name: f02.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WHEELCHAIR	Num	8	X192F.	3.	FM02: B1. Do you consistently use a wheel chair to get around?
2	UT_CANCER	Num	8	X192F.	3.	FM02: B2. Have you ever had cancer of the lower urinary tract?
3	PELV_RAD	Num	8	X192F.	3.	FM02: B3. Have you ever had pelvic radiation therapy?
4	CHEMO	Num	8	X192F.	3.	FM02: B4. Are you currently receiving chemotherapy for any reason?
5	CURR_CATH	Num	8	X192F.	3.	FM02: B5. Do you currently use a catheter?
6	URETH_DIV	Num	8	X192F.	3.	FM02: B6. Do you have urethral diverticulum?
7	AUG_CST	Num	8	X192F.	3.	FM02: B7. Have you ever had augmentation cystoplasty?
8	NERVE_STIM	Num	8	X192F.	3.	FM02: B8. Do you have implanted nerve stimulators?
9	PARK_DIS	Num	8	X192F.	3.	FM02: B9. Do you have Parkinson's Disease?
10	MULT_SCL	Num	8	X192F.	3.	FM02: B10. Do you have Multiple Sclerosis?
11	SPIN_BIF	Num	8	X192F.	3.	FM02: B11. Do you have spina bifida?
12	SPIN_INJ	Num	8	X192F.	3.	FM02: B12. Have you ever had a spinal cord injury?
13	SUM_ELIG	Num	8	X192F.	3.	FM02: B13. Any "Yes" code to B1-B12?
14	DIABETES	Num	8	X192F.	3.	FM02: B14. Do you have diabetes?
15	DIABETES_A	Num	8	X138F.	3.	FM02: B14a. Source code: diabetes
16	UTI_3	Num	8	X192F.	3.	FM02: B15. Have you had more than 3 urinary tract infections?
17	MENOPAUSE	Num	8	X143F.	3.	FM02: B16. Do you consider yourself to be pre/post menopausal?
18	EST_ORAL	Num	8	X192F.	3.	FM02: B17a. Do you currently use:oral estrogen?
19	EST_VAG	Num	8	X192F.	3.	FM02: B17d. Do you currently use:vaginal estrogen?
20	SURG_ELIG	Num	8	X110F.	3.	FM02: C3. Classify the patient's pelvic surgery
21	UI_SURG	Num	8	X192F.	3.	FM02: C4. Have you ever had surgery for UI?
22	OTH_PEL_SURG	Num	8	X192F.	3.	FM02: C6. Have you ever had any other pelvic surgery?
23	UI_TREAT	Num	8	X192F.	3.	FM02: C8. Have you ever had any non-surg treatment for UI?
24	ALL_ELIG_SUM	Num	8	X192F.	3.	FM02: D1. Eligibility
25	AID	Num	8			Subject ID

Data Set Name: f04.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	HEIGHT	Num	8	X212F.	3.	FM04: B1. Height in inches
2	WEIGHT	Num	8	X212F.	4.	FM04: B2. Weight in pounds
3	KNEE_REFLEX	Num	8	X145F.	3.	FM04: C1. Deep tendon reflex: knee
4	PERI_SENS	Num	8	X117F.	3.	FM04: C2. Perineal sensation
5	ANAL_SPHINC	Num	8	X117F.	3.	FM04: C3. Anal sphincter voluntary contractions
6	PC_PRES	Num	8	X111F.	3.	FM04: D1. PC assessment: Pressure
7	PC_DUR	Num	8	X212F.	5.1	FM04: D2. PC assessment: Duration
8	PC_DIS	Num	8	X114F.	3.	FM04: D3. PC assessment: Displacement of vertical plane
9	POPQ_AA	Num	8	POPQF.	6.1	FM04: E1. Aa anterior wall 3 cm from external urethral meatus
10	POPQ_BA	Num	8	POPQF.	6.1	FM04: E2. Ba most dependent part of anterior wall
11	POPQ_C	Num	8	POPQF.	6.1	FM04: E3. C cervix or vaginal cuff
12	POPQ_D	Num	8	POPQF.	6.1	FM04: E4. D posterior fornix (if no prior total hyst)
13	POPQ_AP	Num	8	POPQF.	6.1	FM04: E5. Ap posterior wall 3 cm from hymen
14	POPQ_BP	Num	8	POPQF.	6.1	FM04: E6. Bp most dependent part of posterior wall
15	POPQ_GH	Num	8	POPQF.	6.1	FM04: E7. GH genital hiatus
16	POPQ_PB	Num	8	POPQF.	6.1	FM04: E8. PB perineal body
17	POPQ_TVL	Num	8	POPQF.	6.1	FM04: E9. TVL total vaginal length
18	PRO_STAGE	Num	8	X172F.	3.	FM04: E10. Indicate the stage of the prolapse
19	REST_ANG	Num	8	X212F.	4.	FM04: F1. Q-tip test: Resting angle
20	MAX_STR_ANG	Num	8	X212F.	4.	FM04: F2. Q-tip test: Angle at maximum straining
21	ASA_CLASS	Num	8	X192F.	3.	FM04: G1. Is the patient class I, II or III?
22	HARVEST_CAND	Num	8	X192F.	3.	FM04: G2. Will it be possible to harvest the autologous recta fascia?
23	URETH_DIVERT	Num	8	X192F.	3.	FM04: G3a. Is there evidence of urethral diverticulum?
24	AUG_CYSTO	Num	8	X192F.	3.	FM04: G3b. Is there evidence of prior augmentation cystoplasty?
25	CURRENT_PREG	Num	8	X192F.	3.	FM04: G3c. Is there evidence of current pregnancy?
26	ASA_ELIG_SUM	Num	8	X192F.	3.	FM04: G4. Did you code yes to any of the items in G3?
27	AID	Num	8			Subject ID
28	neur_c_tm	Num	8			Days since randomization
29	neur_a_tm	Num	8			Days since randomization
30	popq_c_tm	Num	8			Days since randomization
31	popq_a_tm	Num	8			Days since randomization
32	qtip_e_tm	Num	8			Days since randomization
33	qtip_a_tm	Num	8			Days since randomization
34	asa_c_tm	Num	8			Days since randomization
35	asa_a_tm	Num	8			Days since randomization
36	all_c_tm	Num	8			Days since randomization

Data Set Name: f05.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	OTH_DIAM	Num	8	MISSNUM.	3.	FM05: C2a. Specify catheter diameter
3	HOW_REDUCED	Num	8	REDUCEF.	3.	FM05: C12. Specify how the prolapse was reduced
4	CMG_REVIEW	Num	8	YESNONUF.	3.	CMG re-review required?
5	LEGIBLE_SIG	Num	8	YESNONUF.	3.	FMCP: B1. Are the signals legible
6	CATH_ATMOS	Num	8	YESNONUF.	3.	FMCP: B2. Were catheters zeroed to atmosphere prior to filling
7	PVES_CMG_BL	Num	8	YESNONUF.	3.	FMCP: B3. Was the Pves measuring system functioning at CMG baseline
8	PABD_CMG_BL	Num	8	YESNONUF.	3.	FMCP: B4. Was the Pabd measuring system functioning at CMG baseline
9	REAS_CMG_INV	Num	8	YESNONUF.	3.	FMCP: B5. Are there any other reasons you consider the CMG invalid
10	PFS_LEG_SIG	Num	8	YESNONUF.	3.	FMCP: C1. Are the signals legible
11	PFS_CAT_ATM	Num	8	YESNONUF.	3.	FMCP: C2. Were catheters zeroed to atmosphere prior to start filling
12	PFS_TRAN_ADJ	Num	8	YESNONUF.	3.	FMCP: C4. Were transducers adjusted after patient changed
13	PFS_BL_INTP	Num	8	YESNONUF.	3.	FMCP: C5. Was the PFS baseline interpretable
14	PVES_FUN_BL	Num	8	YESNONUF.	3.	FMCP: C6. Was the Pves measuring properly at baseline
15	PABD_FUN_BL	Num	8	YESNONUF.	3.	FMCP: C7. Was the Pabd measuring properly at baseline
16	PT_VOID	Num	8	YESNONUF.	3.	FMCP: C8. Did the patient void
17	PVES_FUN_MAX	Num	8	YESNONUF.	3.	FMCP: C9. Was the Pves measuring system functioning at Qmax
18	PABD_FUN_MAX	Num	8	YESNONUF.	3.	FMCP: C10. Was the Pabd measuring system functioning at Qmax
19	REAS_PFS_INV	Num	8	YESNONUF.	3.	FMCP: C11. Are there any other reasons you consider the PFS invalid
20	in_05	Num	8			FM05 available?
21	in_cp	Num	8			FMCP available?
22	max_fl_nif	Num	8			NIF max flow
23	mean_fl_nif	Num	8			NIF mean flow
24	pattern_nif	Num	8	PATTERNF.		NIF flow pattern
25	flow_t_nif	Num	8			NIF time to max flow
26	void_vol_nif	Num	8			NIF voided volume
27	fill_nif	Num	8	FILLF.		NIF from mech or spont fill?
28	pvr_nif	Num	8			NIF post-void residual
29	missing_nif	Num	8	YNNUMF.		Any NIF missing?
30	pfs_any_invl	Num	8	YESNONUF.		Any invalid conditions for PFS?
31	cough_vd_pfs	Num	8	YESNONUF.		Patient cough before PFS void?
32	pves_pabd_cn	Num	8	YESNONUF.		70% concordance at post-void cough?
33	pfs_pves_bl	Num	8			Pves at PFS baseline
34	pfs_pabd_bl	Num	8			Pabd at PFS baseline
35	pves_qmax	Num	8			Pves at Qmax

Num	Variable	Type	Len	Format	Informat	Label
36	pabd_qmax	Num	8			Pabd at Qmax
37	max_fl_pfs	Num	8			PFS Qmax
38	flow_t_pfs	Num	8			PFS Time to Peak Flow
39	void_vol_pfs	Num	8			PFS Voided Volume
40	ureth_relax	Num	8	RELAXF.		Urethral sphincter relax?
41	void_mech	Num	8	VOIDF.		Voiding mechanism
42	cghpstvd_pfs	Num	8	YESNONUF.		Patient cough after PFS void
43	pstcgh_pves	Num	8	YESNONUF.		Pves signal functioning?
44	pstcgh_pabd	Num	8	YESNONUF.		Pabd signal functioning?
45	first_desire	Num	8			Volume at first desire
46	strong_desire	Num	8			Volume at strong desire
47	pro_stat	Num	8	PROSTATF.		Prolapse status
48	cmg_any_invl	Num	8	YESNONUF.		FMCP Any invalid conditions for CMG?
49	pves_base_cmg	Num	8			Pves at CMG baseline
50	pabd_base_cmg	Num	8			Pabd at CMG baseline
51	leakvol_nored	Num	8			Volume of unreduced VLPPs
52	lpp_nored_1	Num	8			Pressure at 1st unreduced leak
53	lpp_nored_2	Num	8			Pressure at 2nd unreduced leak
54	lpp_nored_3	Num	8			Pressure at 3rd unreduced leak
55	leakvol_reduce	Num	8			Volume of reduced VLPPs
56	lpp_reduce_1	Num	8			Pressure at 1st reduced leak
57	lpp_reduce_2	Num	8			Pressure at 2nd reduced leak
58	lpp_reduce_3	Num	8			Pressure at 3rd reduced leak
59	leak_mcc	Num	8	YESNONUF.		Leaking at MCC?
60	vol_mcc	Num	8			Volume at MCC
61	mcc_pves	Num	8			Pves at MCC
62	mcc_pabd	Num	8			Pabd at MCC
63	detrusor	Num	8	YESNONUF.		Detrusor overactivity?
64	detrusor_1	Num	8			Vol at DO occurrence 1
65	detrusor_leak_1	Num	8	YESNONUF.		Leaking at DO occurrence 1?
66	detrusor_2	Num	8			Vol at DO occurrence 2
67	detrusor_leak_2	Num	8	YESNONUF.		Leaking at DO occurrence 2?
68	detrusor_3	Num	8			Vol at DO occurrence 3
69	detrusor_leak_3	Num	8	YESNONUF.		Leaking at DO occurrence 3?
70	pv_notvert	Num	8	PROVIOF.		Prot Viol: not vertical
71	pv_cathdiam	Num	8	PROVIOF.		Prot Viol: improper cath size
72	pv_methreduce	Num	8	PROVIOF.		Prot Viol:improper method of reduction
73	pv_lt200	Num	8	PROVIOF.		Prot Viol: filled to <200 during Valsalva
74	vv_ge_150	Num	8	YNNUMF.		NIF Voided vol at least 150 ml?

Num	Variable	Type	Len	Format	Informat	Label
75	nif_obs	Num	8	YNNUMF.		All NIF values observed?
76	analyze_nif	Num	8	YNNUMF.		NIF value included in analysis?
77	valid_cmg	Num	8	VALIDF.		CMG valid?
78	pdet_base_cmg	Num	8			Pdet at CMG baseline
79	plaus_cmg	Num	8	PLAUSF.		CMG plausible?
80	mcc_pdet	Num	8			Pdet at MCC
81	pos_mcc	Num	8	PLAUSF.		MCC pressures positive?
82	pfs_pdet_bl	Num	8			Pdet at PFS baseline
83	plaus_mcc_pfs	Num	8	PLAUSF.		MCC pressures plausible relative to PFS baseline?
84	plaus_mcc	Num	8	PLAUSF.		MCC pressures plausible?
85	vlpp_nored	Num	8			Unreduced mean VLPP
86	vlpp_nored_min	Num	8			Unreduced min VLPP
87	vlpp_nored_range	Num	8			Unreduced range VLPP
88	vlpp_reduce	Num	8			Reduced mean VLPP
89	vlpp_reduce_min	Num	8			Reduced min VLPP
90	vlpp_reduce_range	Num	8			Reduced range VLPP
91	leak_nored	Num	8	LK_NRDF.		Did patient leak prior to reduction?
92	leak_reduce	Num	8	LK_REDF.		Did patient leak with reduction?
93	leak_grp	Num	8	LK_GRP.		When did the patient leak?
94	press_bl	Num	8	PR_BLF.		Baseline pressures analyzable?
95	press_nored	Num	8	PR_NRDF.		Unreduced pressures analyzable?
96	press_reduce	Num	8	PR_REDF.		Reduced pressures analyzable?
97	press_mcc	Num	8	PR_MCCF.		MCC pressures analyzable?
98	do_leak	Num	8	DETOVERF.		Detrusor overactivity? With leakage?
99	d_vlpp_nored	Num	8			Unreduced delta VLPP
100	d_vlpp_reduce	Num	8			Reduced delta VLPP
101	d_mcc_pves	Num	8			Change in Pves from BL to MCC
102	d_mcc_pabd	Num	8			Change in Pabd from BL to MCC
103	d_mcc_pdet	Num	8			Change in Pdet from BL to MCC
104	comply_det	Num	8			Detrusor compliance
105	comply_det_no0	Num	8			Detrusor compliance, 0 denom = 1
106	comply_ves	Num	8			Vesical compliance
107	comply_ves_no0	Num	8			Vesical compliance, 0 denom = 1
108	valid_pfs	Num	8	VALIDF.		PFS valid?
109	plaus_base_pfs	Num	8	PLAUSF.		PFS plausible at baseline?
110	plaus_pfs_mcc	Num	8	PLAUSF.		PFS baseline plausible relative to MCC?
111	plaus_cough_pfs	Num	8	PLAUSF.		PFS plausible at post-void cough?
112	plaus_pfs	Num	8	PLAUSF.		PFS plausible?
113	press_pfs	Num	8	PR_NRDF.		PFS pressures analyzable?

Num	Variable	Type	Len	Format	Informat	Label
114	pdet_qmax	Num	8			Pdet at Qmax
115	d_pves	Num	8			Delta Pves
116	d_pabd	Num	8			Delta Pabd
117	d_pdet	Num	8			Delta Pdet

Data Set Name: f06.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	PT_DATA	Num	8	X192F.	3.	FM06: B1. Are there Pad Test measures to record below?
3	TOT_PADS	Num	8	X212F.	3.	FM06: B3. Number of pads distributed in the Kit:
4	TIME_S	Char	5	\$5.	\$5.	FM06: B11a. Time started
5	AMPM_S	Num	8	X21F.	3.	FM06: B11b. Time started: AMPM
6	TIME_E	Char	5	\$5.	\$5.	FM06: B11c. Time ended
7	AMPM_E	Num	8	X21F.	3.	FM06: B11d. Time ended: AMPM
8	PT_PROTO	Num	8	X192F.	3.	FM06: B13. Was the pad test completed per protocol? requirements
9	PT_DEV_TYPE	Num	8	X131F.	3.	FM06: B13a. Pad test protocol: Deviation type
10	PT_VALIDITY	Num	8	X181F.	3.	FM06: B14. Do you judge Pad Test to be valid or invalid?
11	sumprewt	Num	8			Sum Pre Wts
12	sumpstwt	Num	8			Sum Post Wts
13	diffwt	Num	8			Post-Pre Wts
14	VD_DATA	Num	8	X192F.	3.	FM06: C1. Are there voiding diary data to record below
15	DAY1_DAY	Num	8	X177F.	3.	FM06: C3a. Day of the week: Day 1
16	DAY1_ACC	Num	8	X212F.	3.	FM06: C3b. Number of accidents: Day 1
17	WAKE_VOID_1	Num	8	X212F.	3.	FM06: C3c. Toilet voids during waking hours: Day 1
18	BED_VOID_1	Num	8	X212F.	3.	FM06: C3d. Toilet voids during bedtime hours: Day 1
19	TOT_VOID_1	Num	8	X212F.	3.	FM06: C4. Total toilet voids - Day 1
20	DAY2_DAY	Num	8	X177F.	3.	FM06: C5a. Day of the week: Day 2
21	DAY2_ACC	Num	8	X212F.	3.	FM06: C5b. Number of accidents: day 2
22	WAKE_VOID_2	Num	8	X212F.	3.	FM06: C5c. Toilet voids during waking hour: Day 2
23	BED_VOID_2	Num	8	X212F.	3.	FM06: C5d. Toilet voids during bedtime hours:Day2
24	TOT_VOID_2	Num	8	X212F.	3.	FM06: C6. Total toilet voids:day2
25	DAY3_DAY	Num	8	X177F.	3.	FM06: C7a. Day of the week:Day 3
26	DAY3_ACC	Num	8	X212F.	3.	FM06: C7b. Number of accidents:day3
27	WAKE_VOID_3	Num	8	X212F.	3.	FM06: C7c. Toilet voids during waking hour: Day 3
28	BED_VOID_3	Num	8	X212F.	3.	FM06: C7d. Toilet voids during bedtime hours:Day3
29	TOT_VOID_3	Num	8	X212F.	3.	FM06: C8. Total toilet voids:day3
30	TOT_VOID	Num	8	X212F.	3.	FM06: C9. Total Void
31	TOT_VOID_36	Num	8	X192F.	3.	FM06: C10. Is C9 greater than or equal to 36?
32	VD_PROTO	Num	8	X192F.	3.	FM06: C11. Was voiding diary completed per protocol requirements
33	VD_DEV_TYPE	Num	8	X131F.	3.	FM06: C11a. Void diary: Deviation type
34	VD_VALIDITY	Num	8	X181F.	3.	FM06: C12. Do you judge voiding diary to be valid or invalid?
35	nvoid	Num	8			Diary:NumVoids (in 3dy)
36	ave_void	Num	8			Diary: ave #voids per dy

Num	Variable	Type	Len	Format	Informat	Label
37	acc1	Num	8			FM06: VD Accidents: Day 1
38	acc2	Num	8			FM06: VD Accidents: Day 2
39	acc3	Num	8			FM06: VD Accidents: Day 3
40	tot_acc	Num	8			Diary: total #accidents per dy
41	ave_acc	Num	8			Diary: ave #accidents per dy
42	ptdist	Num	8			Date Pad Distribution: Days since randomization
43	pred	Num	8			Date pre-weights recorded: Days since randomization
44	postd	Num	8			Date post-weights recorded: Days since randomization
45	returnd	Num	8			Date Pad returned: Days since randomization
46	ptstartd	Num	8			Date Pad started: Days since randomization
47	vddist	Num	8			Date VD Distribution: Days since randomization
48	DAY1_dys	Num	8			Diary Day1: Days since randomization
49	DAY2_dys	Num	8			Diary Day2: Days since randomization
50	DAY3_dys	Num	8			Diary Day3: Days since randomization

Data Set Name: f07.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	QB1	Num	8	X192F.	3.	FM07: B1. Urine leakage
2	QB1A	Num	8	Q.	3.	FM07: B1a. IF YES...
3	QB2	Num	8	X192F.	3.	FM07: B2. An urgency to urinate ...
4	QB2A	Num	8	Q.	3.	FM07: B2a. IF YES...
5	QB3	Num	8	X192F.	3.	FM07: B3. Frequent urination
6	QB3A	Num	8	Q.	3.	FM07: B3a. IF YES...
7	QB4	Num	8	X192F.	3.	FM07: B4. Any other symptoms?
8	QB4A	Num	8	Q.	3.	FM07: B4.2. IF YES...
9	QB5	Num	8	X192F.	3.	FM07: B5. Physical activities
10	QB5A	Num	8	QB.	3.	FM07: B5a. IF YES...
11	QB6	Num	8	X192F.	3.	FM07: B6. Social activities
12	QB6A	Num	8	QB.	3.	FM07: B6a. IF YES...
13	QB7	Num	8	X192F.	3.	FM07: B7. Sexual activity
14	QB7A	Num	8	QB.	3.	FM07: B7a. IF YES...
15	QB8	Num	8	X192F.	3.	FM07: B8. Any other activities?
16	QB8A	Num	8	QB.	3.	FM07: B8a. IF YES...
17	QB9	Num	8	X192F.	3.	FM07: B9. Are you bothered by ... your bladder problems?
18	QB9A	Num	8	QBB.	3.	FM07: B9a. IF YES...
19	QC1	Num	8	X192F.	3.	FM07: C1. ...frequent urination?
20	QC1A	Num	8	X9F.	3.	FM07: C1a. IF YES...
21	QC2	Num	8	X192F.	3.	FM07: C2. ...a strong feeling or urgency to empty bladder?
22	QC2A	Num	8	X9F.	3.	FM07: C2a. IF YES...
23	QC3	Num	8	X192F.	3.	FM07: C3. ...urine leakage related to urgency?
24	QC3A	Num	8	X9F.	3.	FM07: C3a. IF YES...
25	QC4	Num	8	X192F.	3.	FM07: C4. ...urine leakage related to physical activity?
26	QC4A	Num	8	X9F.	3.	FM07: C4a. IF YES...
27	QC5	Num	8	X192F.	3.	FM07: C5. ...general urine leakage not related to urgency?
28	QC5A	Num	8	X9F.	3.	FM07: C5a. IF YES...
29	QC6	Num	8	X192F.	3.	FM07: C6. ...small amounts of urine leakage?
30	QC6A	Num	8	X9F.	3.	FM07: C6a. IF YES...
31	QC7	Num	8	X192F.	3.	FM07: C7. ...large amounts of urine leakage?
32	QC7A	Num	8	X9F.	3.	FM07: C7a. IF YES...
33	QC8	Num	8	X192F.	3.	FM07: C8. ...nighttime urination?
34	QC8A	Num	8	X9F.	3.	FM07: C8a. IF YES...
35	QC9	Num	8	X192F.	3.	FM07: C9. ...bedwetting?
36	QC9A	Num	8	X9F.	3.	FM07: C9a. IF YES...

Num	Variable	Type	Len	Format	Informat	Label
37	QC10	Num	8	X192F.	3.	FM07: C10. ...difficulty emptying your bladder?
38	QC10A	Num	8	X9F.	3.	FM07: C10a. IF YES...
39	QC11	Num	8	X192F.	3.	FM07: C11. ...feeling of incomplete bladder emptying?
40	QC11A	Num	8	X9F.	3.	FM07: C11a. IF YES...
41	QC12	Num	8	X192F.	3.	FM07: C12. ...lower abdominal pressure?
42	QC12A	Num	8	X9F.	3.	FM07: C12a. IF YES...
43	QC13	Num	8	X192F.	3.	FM07: C13. ...pain when urinating?
44	QC13A	Num	8	X9F.	3.	FM07: C13a. IF YES...
45	QC14	Num	8	X192F.	3.	FM07: C14. ...pain in lower abdominal or genital area?
46	QC14A	Num	8	X9F.	3.	FM07: C14a. IF YES...
47	QC15	Num	8	X192F.	3.	FM07: C15. ...heaviness in pelvic area?
48	QC15A	Num	8	X9F.	3.	FM07: C15a. IF YES...
49	QC16	Num	8	X192F.	3.	FM07: C16. ...feeling of bulging in vaginal area?
50	QC16A	Num	8	X9F.	3.	FM07: C16a. IF YES...
51	QC17	Num	8	X192F.	3.	FM07: C17. ...bulging or protrusion you can see...
52	QC17A	Num	8	X9F.	3.	FM07: C17a. IF YES...
53	QC18	Num	8	X192F.	3.	FM07: C18. ...pelvic discomfort when standing...
54	QC18A	Num	8	X9F.	3.	FM07: C18a. IF YES...
55	QC19	Num	8	X192F.	3.	FM07: C19. Do you have to push to empty your bladder?
56	QC19A	Num	8	X9F.	3.	FM07: C19a. IF YES...
57	QC20	Num	8	X192F.	3.	FM07: C20. Do you have to push to have bowel movement?
58	QC20A	Num	8	X9F.	3.	FM07: C20a. IF YES...
59	PROLAPSE	Num	8	X192F.	3.	FM07: C21. Do you experience any other symptoms...?
60	QOL_SYMP_COD	Char	3	\$3.	\$3.	FM07: C22a. Code:
61	QC23	Num	8	X10F.	3.	FM07: C23. ...ability to do household chores?
62	QC24	Num	8	X10F.	3.	FM07: C24. ...ability to do usual maintenance or repair?
63	QC25	Num	8	X10F.	3.	FM07: C25. ...shopping activities?
64	QC26	Num	8	X10F.	3.	FM07: C26. ...hobbies and pastime activities?
65	QC27	Num	8	X10F.	3.	FM07: C27. ...physical recreational activities?
66	QC28	Num	8	X10F.	3.	FM07: C28. ...entertainment activities?
67	QC29	Num	8	X10F.	3.	FM07: C29. ...ability to travel by car or bus less than 20 min.s away?
68	QC30	Num	8	X10F.	3.	FM07: C30. ...ability to travel by car or bus more than 20 min.s away?
69	QC31	Num	8	X10F.	3.	FM07: C31. ...going to places where you are not sure about restrooms?
70	QC32	Num	8	X10F.	3.	FM07: C32. ...going on vacation?
71	QC33	Num	8	X10F.	3.	FM07: C33. ...church or temple attendance?
72	QC34	Num	8	X10F.	3.	FM07: C34. ...volunteer activities?
73	QC35	Num	8	X10F.	3.	FM07: C35. ...employment outside the home?
74	QC36	Num	8	X10F.	3.	FM07: C36. ...having friends visit?
75	QC37	Num	8	X10F.	3.	FM07: C37. ...participation in social activities outside home?

Num	Variable	Type	Len	Format	Informat	Label
76	QC38	Num	8	X10F.	3.	FM07: C38. ...relationships with friends?
77	QC39	Num	8	X10F.	3.	FM07: C39. ...relationships with family excluding husband?
78	QC40	Num	8	X10F.	3.	FM07: C40. ...ability to have sexual relations?
79	QC41	Num	8	X10F.	3.	FM07: C41. ...the way you dress?
80	QC42	Num	8	X10F.	3.	FM07: C42. ...emotional health
81	QC43	Num	8	X10F.	3.	FM07: C43. ...physical health
82	QC44	Num	8	X10F.	3.	FM07: C44. ...sleep?
83	QC45	Num	8	X10F.	3.	FM07: C45. ...how much does fear of odor restrict your activities?
84	QC46	Num	8	X10F.	3.	FM07: C46. ...how much does fear of embar. restrict your activities?
85	QC47	Num	8	X10F.	3.	FM07: C47. ...nervousness or anxiety?
86	QC48	Num	8	X10F.	3.	FM07: C48. ...fear?
87	QC49	Num	8	X10F.	3.	FM07: C49. ...frustration?
88	QC50	Num	8	X10F.	3.	FM07: C50. ...anger?
89	QC51	Num	8	X10F.	3.	FM07: C51. ...depression?
90	QC52	Num	8	X10F.	3.	FM07: C52. ...embarrassment?
91	QD1	Num	8	X189F.	3.	FM07: D1. Vigorous activities?
92	QD2	Num	8	X189F.	3.	FM07: D2. Moderate activities?
93	QD3	Num	8	X189F.	3.	FM07: D3. Lifting or carrying groceries?
94	QD4	Num	8	X189F.	3.	FM07: D4. Climbing several flights of stairs.
95	QD5	Num	8	X189F.	3.	FM07: D5. Climbing one flight of stairs.
96	QD6	Num	8	X189F.	3.	FM07: D6. Bending, kneeling or stooping.
97	QD7	Num	8	X189F.	3.	FM07: D7. Walking more than a mile.
98	QD8	Num	8	X189F.	3.	FM07: D8. Walking several blocks.
99	QD9	Num	8	X189F.	3.	FM07: D9. Walking one block.
100	QD10	Num	8	X189F.	3.	FM07: D10. Bathing or dressing yourself.
101	QD11	Num	8	X192F.	3.	FM07: D11. Cut down amount of time your spent on work.
102	QD12	Num	8	X192F.	3.	FM07: D12. Accomplished less than you would like.
103	QD13	Num	8	X192F.	3.	FM07: D13. Were limited in the kind of work.
104	QD14	Num	8	X192F.	3.	FM07: D14. Had difficulty performing the work or activities
105	QE1	Num	8	X192F.	3.	FM07: E1. In past 6 months, engaged in sexual activities with partner?
106	QF1	Num	8	X40F.	3.	FM07: F1. How frequently do you feel sexual desire?
107	QF2	Num	8	X40F.	3.	FM07: F2. Do you climax during sexual intercourse?
108	QF3	Num	8	X40F.	3.	FM07: F3. Do you feel sexually excited when having sex?
109	QF4	Num	8	X40F.	3.	FM07: F4. How satisfied are you with variety?
110	QF5	Num	8	X40F.	3.	FM07: F5. Do you feel pain during intercourse?
111	QF6	Num	8	X40F.	3.	FM07: F6. Are you incontinent of urine...?
112	QF7	Num	8	X40F.	3.	FM07: F7. Does fear of incontinence restrict ...?
113	QF8	Num	8	X40F.	3.	FM07: F8. Do you avoid sexual intercourse because of bulging...?
114	QF9	Num	8	X40F.	3.	FM07: F9. When having sex, do you have negative emotional reactions..?

Num	Variable	Type	Len	Format	Informat	Label
115	QF10	Num	8	X40F.	3.	FM07: F10. Does your partner have problems with erections...?
116	QF11	Num	8	X40F.	3.	FM07: F11. Does your partner have problems with premature ejaculations?
117	QF12	Num	8	X40F.	3.	FM07: F12. Compared to orgasms you had in past...?
118	PARTNER	Num	8	X192F.	3.	FM07: G1. Do you have a partner at this time?
119	QG2	Num	8	X40F.	3.	FM07: G2. How frequently do you feel sexual desire?
120	QG3	Num	8	X40F.	3.	FM07: G3. How satisfied are you with the variety...?
121	QG4	Num	8	X40F.	3.	FM07: G4. Does fear of pain restrict your activity?
122	QG5	Num	8	X40F.	3.	FM07: G5. Does fear of incontinence restrict your sexual activity?
123	QG6	Num	8	X40F.	3.	FM07: G6. Do you avoid sexual intercourse because of bulging...?
124	AID	Num	8			Subject ID

Data Set Name: f08.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LINERS	Num	8	X212F.	3.	FM08: B1. Pantyliners or minipads
2	MAXIPADS	Num	8	X212F.	3.	FM08: B2. Maxipads such as Kotex or Modess
3	INCONT_PADS	Num	8	X212F.	3.	FM08: B3. Incontinence Pads such as Serenity or Poise
4	DIAPERS	Num	8	X212F.	3.	FM08: B4. Diapers such as Depends or Attends
5	URETH_PADS	Num	8	X212F.	3.	FM08: B5. Urethral pads such as Impress, Femassist
6	TOILET_PAP	Num	8	X212F.	3.	FM08: B6. Toilet paper
7	PAP_TOWEL	Num	8	X212F.	3.	FM08: B7. Paper towels
8	OTHER	Num	8	X212F.	3.	FM08: B8a. Other
9	UNDERWEAR	Num	8	X212F.	3.	FM08: B9. Underwear
10	INCON_PANTS	Num	8	X212F.	3.	FM08: B10. Incontinence pants
11	CLOTHING	Num	8	X212F.	3.	FM08: B11. Clothing
12	TOWELS	Num	8	X212F.	3.	FM08: B12. Towels or wash clothes
13	BED_LINENS	Num	8	X212F.	3.	FM08: B13. Bed linens
14	BED_PAD	Num	8	X212F.	3.	FM08: B14. Bed pad
15	CHAIR_PROT	Num	8	X212F.	3.	FM08: B15. Chair protection
16	LAUNDRY	Num	8	X212F.	3.	FM08: B16. How many loads of wash did you do 7 days
17	DC_PANTS	Num	8	X212F.	3.	FM08: B17. Pants
18	DC_SKIRT	Num	8	X212F.	3.	FM08: B18. Skirt
19	DC_DRESS	Num	8	X212F.	3.	FM08: B19. Dress
20	DC_SUIT	Num	8	X212F.	3.	FM08: B20. Suit
21	DC_BLOUSE	Num	8	X212F.	3.	FM08: B21. Blouse
22	LIMIT_EMP	Num	8	X192F.	3.	FM08: B22. Urinary incontinence limit years of employment
23	SEE_FRIEND	Num	8	X28F.	3.	FM08: C2. Which one of the following describes... recognize friend
24	HEAR_GROUP	Num	8	X25F.	3.	FM08: C3. Which one of the following... to hear what was said
25	HEAR_QUIET	Num	8	X25F.	3.	FM08: C4. conversation with one other person in a quiet room?
26	UNDER_STRANG	Num	8	X24F.	3.	FM08: C5. To be understood when speaking your own language?
27	UNDER_FRIEND	Num	8	X24F.	3.	FM08: C6. To be understood when speaking with people?
28	FEELING_1	Num	8	X87F.	3.	FM08: C7. You have been feeling?
29	DISCOMFORT_1	Num	8	X76F.	3.	FM08: C8. Pain and discomfort you have experienced?
30	WALK	Num	8	X33F.	3.	FM08: C9. Ability to walk?
31	HANDS_FINGS	Num	8	X82F.	3.	FM08: C10. Use your hands and fingers?
32	REMEMBER	Num	8	X27F.	3.	FM08: C11. Ability to remember things?
33	THINK_SOLVE	Num	8	X31F.	3.	FM08: C12. To think and solve day to day problems?
34	BASIC_ACT	Num	8	X69F.	3.	FM08: C13. Basic activities
35	FEELING_2	Num	8	X85F.	3.	FM08: C14. Feeling during the past week
36	DISCOMFORT_2	Num	8	X78F.	3.	FM08: C15. Pain or discomfort

Num	Variable	Type	Len	Format	Informat	Label
37	HEALTH_RATE	Num	8	X73F.	3.	FM08: C16. Rate your health
38	COMPLETION	Num	8	X48F.	3.	FM08: C17. How did you complete the questionnaire
39	WHO_COMP	Num	8	X127F.	3.	FM08: C17a. Who completed it?
40	LEAK_3	Num	8	X212F.	3.	FM08: D1. Reduce incontinence by 25%
41	LEAK_2	Num	8	X212F.	3.	FM08: D2. Reduce incontinence by 50%
42	NO_LEAK	Num	8	X212F.	3.	FM08: D3. You do not leak urine
43	PERS_INCOME	Num	8	X212F.	3.	FM08: D4. Personal income
44	HH_INCOME	Num	8	X212F.	3.	FM08: D5. Combined or total income of your household
45	p_income	Num	8			Personal Income
46	h_income	Num	8			Household Income
47	huiq1	Num	8			FM08: E1. See well enough to read ordinary newsprint?
48	huiq2	Num	8			FM08: E2. See well enough to recognize friend across street?
49	huiq3	Num	8			FM08: E3. Hear what was said in group conversation?
50	huiq4	Num	8			FM08: E4. Hear what was said in conversation with one other person?
51	huiq5	Num	8			FM08: E5. Understood when speaking your own language with strangers?
52	huiq6	Num	8			FM08: E6. Understood when speaking your own language with friends?
53	huiq7	Num	8			FM08: E7. Feeling during the past week?
54	huiq8	Num	8			FM08: E8. Pain and discomfort experienced during past week?
55	huiq9	Num	8			FM08: E9. Ability to walk during past week?
56	huiq10	Num	8			FM08: E10. Ability to use your hands and fingers during the past week?
57	huiq11	Num	8			FM08: E11. Ability to remember things during the past week?
58	huiq12	Num	8			FM08: E12. Ability to think and solve problems during the past week?
59	huiq13	Num	8			FM08: E13. Ability to perform basic activities during the past week?
60	huiq14	Num	8			FM08: E14. Which one best describes how you have been feeling?
61	huiq15	Num	8			FM08: E15. Which one best describes pain or discomfort you experienced?
62	AID	Num	8			Subject ID

Data Set Name: f11.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	ORGAN_INJ	Num	8	X649F.	3.	FM11: B2. Were any organ injuries newly identified in post-op
2	BLADD_INJ	Num	8	X649F.	3.	FM11: B2a. Organ injuries: Bladder
3	URETH_INJ	Num	8	X649F.	3.	FM11: B2b. Organ injuries: Urethral
4	URETE_INJ	Num	8	X649F.	3.	FM11: B2c. Organ injuries: Ureteral
5	FISTULA	Num	8	X649F.	3.	FM11: B2d. Organ injuries: Fistula
6	INTEST_INJ	Num	8	X649F.	3.	FM11: B2e. Organ injuries: Intestinal
7	RECT_INJ	Num	8	X649F.	3.	FM11: B2f. Organ injuries: rectal
8	VASC_INJ	Num	8	X649F.	3.	FM11: B2g. Organ injuries: Vascular
9	NERVE_INJ	Num	8	X649F.	3.	FM11: B2h. Organ injuries: Nerve
10	NRV_INJ_SITE	Char	50	\$50.	\$50.	FM11: B2hi. Organ injury: Nerve
11	OTH_OR_INJ	Num	8	X649F.	3.	FM11: B2i. Organ injuries: Nerve
12	OR_INJ_SPE	Char	50	\$50.	\$50.	FM11: B2ii. Organ injuries: Other
13	OI_TREAT	Num	8	X649F.	3.	FM11: B2j. Any treatments for post-op organ injury complications?
14	DES_OI_TREAT	Char	500	\$500.	\$500.	FM11: B2k. Organ injury: Treatment: Specify
15	NUM_AUT	Num	8	X676F.	3.	FM11: B8a. Number of autologous units
16	NUM_NONAUT	Num	8	X676F.	3.	FM11: B8b. Number of non-autologous units
17	EXPIRATION	Num	8	X649F.	3.	FM11: B10. Did the patient expire
18	SURG_SIG	Num	8	X649F.	3.	FM11: C1. Is this form signed by the surgeon
19	los	Num	8			Length of Hospital Stay
20	DIS_MED	Num	8	X649F.	3.	FM11: D3. Was patient discharged with medications
21	DIS_VOID	Num	8	X649F.	3.	FM11: D4. Had patient voided prior to discharge
22	PVR	Num	8	X676F.	4.	FM11: D5. Measured residual urine volume
23	PVR_DET	Num	8	X454F.	3.	FM11: D5a. How was PVR determined
24	VOID_MAN	Num	8	X632F.	3.	FM11: D6. Specify type of voiding management at discharge
25	STAFF_INT	Char	3	\$3.	\$3.	FM11: D7. Other UITN staff initials
26	STAFF_SIG	Num	8	X649F.	3.	FM11: D7a. Is this form signed by UITN staff
27	AID	Num	8			Subject ID

Data Set Name: f13.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	sui13	Num	8	X192F.	3.	FM13: B1. Did patient demonstrate SUI at a bladder volume <= 300 ml?
2	NEG_SUI	Num	8	X212F.	4.	FM13: B2. Negative stress test
3	pos_sui13	Num	8	X212F.	4.	FM13: B3. Positive stress test
4	SUP_VAL	Num	8	X205F.	3.	FM13: B3ai. Did SUI occur: with Valsalva in a supine position?
5	SUP_COUGH	Num	8	X205F.	3.	FM13: B3aii. Did SUI occur: with cough in a supine position?
6	STAND_VAL	Num	8	X205F.	3.	FM13: B3aiii. Did SUI occur: with Valsalva in a standing position?
7	STAND_COUGH	Num	8	X205F.	3.	FM13: B3aiv. Did SUI occur: with cough in a standing position?
8	stress_pvr13	Num	8	X212F.	4.	FM13: B4. Post void residual
9	PVR_VAL	Num	8	X192F.	3.	FM13: B4ai. Did SUI occur at PVR: with Valsalva?
10	PVR_COUGH	Num	8	X192F.	3.	FM13: B4aii. Did SUI occur at PVR: with cough?
11	PRO_REDUCE	Num	8	X192F.	3.	FM13: B5. Necessary to reduce Stage III or IV anterior prolapse?
12	AID	Num	8			Subject ID

Data Set Name: f20.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VM_DIS	Num	8	X608F.	3.	FM20: B1. Specify voiding management plan at discharge
2	UC_PVR_1	Num	8	X676F.	5.	FM20: C2. PVR at time of 1st removal
3	UC_PVR_DET_1	Num	8	X454F.	3.	FM20: C2a. How was PVR determined
4	VM_POST_UC_1	Num	8	X606F.	3.	FM20: C3. Specify the voiding management plan after this test
5	UC_PVR_2	Num	8	X676F.	5.	FM20: C6. PVR at time catheter was last removed
6	VM_POST_UC_2	Num	8	X610F.	3.	FM20: C7. Specify the voiding management plan after this test
7	SP_PVR	Num	8	X676F.	4.	FM20: D3. Last PVR recorded
8	UC_PVR_DET_3	Num	8	X454F.	3.	FM20: D9a. How was PVR determined?
9	STILL_CI	Num	8	X649F.	3.	FM20: E1. Is the patient still practicing CISC
10	CI_SOURCE	Num	8	X566F.	3.	FM20: E4. Source code
11	AID	Num	8			Subject ID
12	UC_REM_1_dy	Num	8			FM20: C1. days the urethral catheter first removed from randomization
13	UC_REM_2_dy	Num	8			FM20: C5. days the urethral catheter last removed from randomization
14	SP_REM_dy	Num	8			FM20: D2. days S/P tube removed from randomization
15	CI_REM_dy	Num	8			FM20: E2. days CISC stopped from randomization
16	UC_REM_3_dy	Num	8			FM20: D8. days was the urethral catheter last removed from randomization
17	vm_post_dis_2	Num	8	VPD.		FM20: B2. Did the patient require an alternate pla

Data Set Name: f21.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	UR_FREQ	Num	8	X649F.	3.	FM21: B1. Have you had an increase in your frequency of urination
2	STRAIN_UR	Num	8	X649F.	3.	FM21: B2a. ... strain to urinate?
3	BEND_UR	Num	8	X649F.	3.	FM21: B2b. ... bend forward to urinate?
4	LEAN_UR	Num	8	X649F.	3.	FM21: B2c. ... lean back to urinate?
5	STAND_UR	Num	8	X649F.	3.	FM21: B2d. ... stand up to urinate?
6	PRESS_UR	Num	8	X649F.	3.	FM21: B2e. ... press on your bladder to urinate?
7	PUSH_UR	Num	8	X649F.	3.	FM21: B2f. ... push on the vagina or perineum to empty your bladder?
8	OTH_ACC_UR	Num	8	X649F.	3.	FM21: B2g. ... do anything else to urinate?
9	UR_BOTH	Num	8	X544F.	3.	FM21: B3. How bothered are you by the way you now urinate
10	STEADY_STR	Num	8	X649F.	3.	FM21: B4a. ... a steady stream of urine?
11	SLOW_STR	Num	8	X649F.	3.	FM21: B4b. ... a slow stream of urine?
12	SPURT_STR	Num	8	X649F.	3.	FM21: B4c. ... a spurting splitting or spraying stream of urine?
13	HESIT_STR	Num	8	X649F.	3.	FM21: B4d. ... a hesitating stream of urine (stops and starts)?
14	DRIB_STR	Num	8	X649F.	3.	FM21: B4e. ... dribbling after you finish voiding?
15	OTH_STR	Num	8	X649F.	3.	FM21: B4f. ... some other description?
16	UR_TIME	Num	8	X528F.	3.	FM21: B5. How would you describe the time it takes to urinate now
17	INC_EMPTY	Num	8	X649F.	3.	FM21: B6. Do you experience a feeling of incomplete bladder emptying
18	STOOL_SOFT	Num	8	X649F.	3.	FM21: B7. Are you currently taking stool softeners
19	STR_BM	Num	8	X649F.	3.	FM21: B8. Do you have to strain to have bowel movements
20	OFT_STR_BM	Num	8	X513F.	3.	FM21: B8a. How often do you have to strain to have bowel movements
21	GAS_LK	Num	8	X649F.	3.	FM21: B9. Do you have leaking or loss of control of gas
22	OFT_GAS_LK	Num	8	X511F.	3.	FM21: B9a. How often do you have leaking or loss of control of gas
23	LIQ_STOOL_LK	Num	8	X649F.	3.	FM21: B10. Do you have leaking or loss of control of liquid stool
24	OFT_LIQ_LK	Num	8	X511F.	3.	FM21: B10a. How often do you have leaking or loss of liquid stool
25	SOL_STOOL_LK	Num	8	X649F.	3.	FM21: B11. Do you have leaking or loss of control of solid stool
26	OFT_SOLID_LK	Num	8	X511F.	3.	FM21: B11a. How often do you have leaking or loss of solid stool
27	PAIN_MED	Num	8	X649F.	3.	FM21: B12. Are you currently taking any medications for pain
28	MED_SURG	Num	8	X649F.	3.	FM21: B14. Is this medication for pain related to your surgery
29	PAIN_SURG	Num	8	X649F.	3.	FM21: B15. Do you have physical pain directly related to your surgery
30	PAIN_SCALE	Num	8	X406F.	3.	FM21: B16. How would you rate your pain
31	RETURN_ACT	Num	8	X649F.	3.	FM21: B17. Have you returned to normal activities of daily life
32	NUM_DAYS	Num	8	X676F.	3.	FM21: B18. How many days did it take you to return to full activity
33	PAID_DAYS	Num	8	X676F.	3.	FM21: B19. How many paid workdays did you take off after surgery
34	PHYS_VISIT	Num	8	X649F.	3.	FM21: C1. Have you seen a doctor for any reason since your surgery
35	ER_VISIT	Num	8	X649F.	3.	FM21: C3. Have you been to an emergency room for any reason
36	NEW_SURG	Num	8	X649F.	3.	FM21: C5. Have you had any new abdominal or pelvic surgery

Num	Variable	Type	Len	Format	Informat	Label
37	HOS_ADMIT	Num	8	X649F.	3.	FM21: C7. Have you been hospitalized for any reason since your surgery
38	ANTIBIOTICS	Num	8	X649F.	3.	FM21: C9. Since your surgery, has a doctor prescribed any antibiotics
39	ADV_EVENTS	Num	8	X649F.	3.	FM21: D1. Is there evidence of any adverse events related to surgery?
40	AID	Num	8			Subject ID

Data Set Name: f22.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WOUN_COMP	Num	8	X649F.	3.	FM22: B1. Were any wound complications newly identified
2	SEPAR	Num	8	X649F.	3.	FM22: B1a. Wound complications: Separation
3	HEMA	Num	8	X649F.	3.	FM22: B1b. Wound complications: Hematoma
4	INFECT	Num	8	X649F.	3.	FM22: B1c. Wound complications: Infection
5	HERNIA	Num	8	X649F.	3.	FM22: B1f. Wound complications: Hernia
6	SEROMA	Num	8	X649F.	3.	FM22: B1h. Wound complications: Seroma
7	OTH_W_COMP	Num	8	X649F.	3.	FM22: B1i. Wound complications: Other
8	WC_TREAT	Num	8	X649F.	3.	FM22: B1j. Were there any treatments for these wound complications
9	ORGAN_INJ	Num	8	X649F.	3.	FM22: B2. Were any organ injuries newly identified since discharge
10	BLADD_INJ	Num	8	X649F.	3.	FM22: B2a. Organ injuries: Bladder
11	URETH_INJ	Num	8	X649F.	3.	FM22: B2b. Organ injuries: Urethral
12	URETE_INJ	Num	8	X649F.	3.	FM22: B2c. Organ injuries: Ureteral
13	FISTULA	Num	8	X649F.	3.	FM22: B2d. Organ injuries: Fistula
14	INTEST_INJ	Num	8	X649F.	3.	FM22: B2e. Organ injuries: Intestinal
15	RECT_INJ	Num	8	X649F.	3.	FM22: B2f. Organ injuries: rectal
16	VASC_INJ	Num	8	X649F.	3.	FM22: B2g. Organ injuries: Vascular
17	NERVE_INJ	Num	8	X649F.	3.	FM22: B2h. Organ injuries: Nerve
18	OTH_OR_INJ	Num	8	X649F.	3.	FM22: B2i. Organ injuries: Nerve
19	OI_TREAT	Num	8	X649F.	3.	FM22: B2j. Were there any treatments for this organ injury complication
20	FEB_MORB	Num	8	X649F.	3.	FM22: B4. Were any febrile morbidities newly identified
21	UNEX_FEVER	Num	8	X649F.	3.	FM22: B4a. Febrile morbidities: unexplained fever
22	UTI	Num	8	X649F.	3.	FM22: B4c. Febrile morbidities: uti
23	SEPSIS	Num	8	X649F.	3.	FM22: B4d. Febrile morbidities: Sepsis
24	CATH_INF	Num	8	X649F.	3.	FM22: B4e. Febrile morbidities: Infection at SP catheter site
25	OTH_F_MORB	Num	8	X649F.	3.	FM22: B4f. Febrile morbidities: Other
26	FM_TREAT	Num	8	X649F.	3.	FM22: B4g. Were the any treatments for febrile morbidity complications
27	OTHER_COMP	Num	8	X649F.	3.	FM22: B6. Were any other complications newly identified
28	OC_TREAT	Num	8	X649F.	3.	FM22: B6b. Were there any treatments for other complications
29	BLOOD_TRANS	Num	8	X649F.	3.	FM22: B7. Has the patient had blood cell transfusion since discharge
30	NUM_AUT	Num	8	X676F.	3.	FM22: B7a. Number of autologous units
31	NUM_NONAUT	Num	8	X676F.	3.	FM22: B7b. Number of non-autologous units
32	PROLAPSE	Num	8	X649F.	3.	FM22: B8. Has the patient developed vaginal prolapse since discharge
33	ADV_EVENTS	Num	8	X649F.	3.	FM22: B9. Has the patient reported any adverse events since discharge
34	AID	Num	8			Subject ID

Data Set Name: f23.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MODE1	Num	8	X598F.	3.	FM23: A5. Mode
2	SEE_NEWS	Num	8	SNN.	3.	FM23: B1. Which one best describes your ability to see... past week
3	SEE_FRIEND	Num	8	X436F.	3.	FM23: B2. Which one of the following describes... recognize friend
4	HEAR_GROUP	Num	8	X433F.	3.	FM23: B3. Which one of the following... to hear what was said
5	HEAR_QUIET	Num	8	X433F.	3.	FM23: B4. conversation with one other person in a quiet room?
6	UNDER_STRANG	Num	8	X432F.	3.	FM23: B5. To be understood when speaking your own language?
7	UNDER_FRIEND	Num	8	X432F.	3.	FM23: B6. To be understood when speaking with people?
8	FEELING_1	Num	8	X503F.	3.	FM23: B7. You have been feeling?
9	DISCOMFORT_1	Num	8	X492F.	3.	FM23: B8. Pain and discomfort you have experienced?
10	WALK	Num	8	X441F.	3.	FM23: B9. Ability to walk?
11	HANDS_FINGS	Num	8	X498F.	3.	FM23: B10. Use your hands and fingers?
12	REMEMBER	Num	8	X435F.	3.	FM23: B11. Ability to remember things?
13	THINK_SOLVE	Num	8	X439F.	3.	FM23: B12. To think and solve day to day problems?
14	BASIC_ACT	Num	8	X484F.	3.	FM23: B13. Basic activities
15	FEELING_2	Num	8	X501F.	3.	FM23: B14. Feeling during the past week
16	DISCOMFORT_2	Num	8	X494F.	3.	FM23: B15. Pain or discomfort
17	HEALTH_RATE	Num	8	X489F.	3.	FM23: B16. Rate your health
18	COMPLETION	Num	8	X456F.	3.	FM23: B17. How did you complete the questionnaire
19	WHO_COMP	Num	8	X555F.	3.	FM23: B17a. Who completed it?
20	AID	Num	8			Subject ID

Data Set Name: f30.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VM_DIS	Num	8	V_DIS.	3.	FM30: B1. Specify voiding management plan in place of comp. visit:
2	UC_PVR_DET_1	Num	8	X454F.	3.	FM30: C2a. How was that PVR determined
3	STILL_UC	Num	8	X649F.	3.	FM30: C4. Does the patient still have a urethral catheter?
4	UC_PVR_2	Num	8	X676F.	5.	FM30: C6. PVR at time catheter was last removed:
5	UC_PVR_DET_2	Num	8	X454F.	3.	FM30: C6a. How was that PVR determined?
6	VM_POST_UC_2	Num	8	X609F.	3.	FM30: C7. Specify the voiding management plan after this test:
7	STILL_UC_2	Num	8	X649F.	3.	FM30: D7. Does the patient still have a urethral catheter?
8	UC_PVR_3	Num	8	X676F.	5.	FM30: D9. Last PVR recorded
9	UC_PVR_DET_3	Num	8	X454F.	3.	FM30: D9a. How was PVR determined
10	VM_POST_UC_4	Num	8	X605F.	3.	FM30: D10. Specify the voiding management plan after this test
11	STILL_CI	Num	8	X649F.	3.	FM30: E1. Is the patient still practicing CISC?
12	CI_PVR	Num	8	X676F.	5.	FM30: E3. Last PVR recorded
13	CI_PVR_DET	Num	8	X672F.	3.	FM30: E5. How was PVR determined?
14	VM_SUMMARY	Num	8	X607F.	3.	FM30: F2. Summarize the patient's current voiding management:
15	AID	Num	8			Subject ID
16	UC_REM_1_dt	Num	8			FM30: C1. date the urethral catheter first removed from randomization
17	CI_REM_Dt	Num	8			FM30: E2. Date CISC stopped from randomization

Data Set Name: f31.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MESA_STR_1	Num	8	X405F.	3.	FM31: B1. Does coughing gently cause you to lose urine
2	MESA_STR_2	Num	8	X405F.	3.	FM31: B2. Does coughing hard cause you to lose urine
3	MESA_STR_3	Num	8	X405F.	3.	FM31: B3. Does sneezing cause you to lose urine?
4	MESA_STR_4	Num	8	X405F.	3.	FM31: B4. Does lifting things cause you to lose urine?
5	MESA_STR_5	Num	8	X405F.	3.	FM31: B5. Does bending cause you to lose urine?
6	MESA_STR_6	Num	8	X405F.	3.	FM31: B6. Does laughing cause you to lose urine?
7	MESA_STR_7	Num	8	X405F.	3.	FM31: B7. Does walking briskly or jogging cause you to lose urine?
8	MESA_STR_8	Num	8	X405F.	3.	FM31: B8. Does straining cause you to lose urine?
9	MESA_STR_9	Num	8	X405F.	3.	FM31: B9. Does getting up from sitting cause you to lose urine?
10	MESA_URG_1	Num	8	X405F.	3.	FM31: B10. How often do you receive little warning?
11	MESA_URG_2	Num	8	X405F.	3.	FM31: B11. How often do you end up losing uring or wetting yourself?
12	MESA_URG_3	Num	8	X405F.	3.	FM31: B12. Do you lose urine when you feel your bladder is full?
13	MESA_URG_4	Num	8	X405F.	3.	FM31: B13. Does washing your hands cause you to lose urine?
14	MESA_URG_5	Num	8	X405F.	3.	FM31: B14. Does cold weather cause you to lose urine?
15	MESA_URG_6	Num	8	X405F.	3.	FM31: B15. Does drinking cold beverages cause you to lose urine?
16	UR_FREQ	Num	8	X649F.	3.	FM31: C1. Have you had an increase in your frequency of urination
17	STRAIN_UR	Num	8	X649F.	3.	FM31: C2a. ... strain to urinate?
18	BEND_UR	Num	8	X649F.	3.	FM31: C2b. ... bend forward to urinate?
19	LEAN_UR	Num	8	X649F.	3.	FM31: C2c. ... lean back to urinate?
20	STAND_UR	Num	8	X649F.	3.	FM31: C2d. ... stand up to urinate?
21	PRESS_UR	Num	8	X649F.	3.	FM31: C2e. ... press on your bladder to urinate?
22	PUSH_UR	Num	8	X649F.	3.	FM31: C2f. ... push on the vagina or perineum to empty your bladder?
23	OTH_ACC_UR	Num	8	X649F.	3.	FM31: C2g. ... do anything else to urinate?
24	UR_BOTH	Num	8	X544F.	3.	FM31: C3. How bothered are you by the way you now urinate
25	STEADY_STR	Num	8	X649F.	3.	FM31: C4a. ... a steady stream of urine?
26	SLOW_STR	Num	8	X649F.	3.	FM31: C4b. ... a slow stream of urine?
27	SPURT_STR	Num	8	X649F.	3.	FM31: C4c. ... a spurting splitting or spraying stream of urine?
28	HESIT_STR	Num	8	X649F.	3.	FM31: C4d. ... a hesitating stream of urine (stops and starts)?
29	DRIB_STR	Num	8	X649F.	3.	FM31: C4e. ... dribbling after you finish voiding?
30	OTH_STR	Num	8	X649F.	3.	FM31: C4f. ... some other description?
31	UR_TIME	Num	8	X528F.	3.	FM31: C5. How would you describe the time it takes to urinate now
32	STOOL_SOFT	Num	8	X649F.	3.	FM31: C6. Are you currently taking stool softeners
33	STR_BM	Num	8	X649F.	3.	FM31: C7. Do you have to strain to have bowel movements
34	OFT_STR_BM	Num	8	X513F.	3.	FM31: C7a. How often do you have to strain to have bowel movements
35	GAS_LK	Num	8	X649F.	3.	FM31: C8. Do you have leaking or loss of control of gas
36	OFT_GAS_LK	Num	8	X511F.	3.	FM31: C8a. How often do you have leaking or loss of control of gas

Num	Variable	Type	Len	Format	Informat	Label
37	LIQ_STOOL_LK	Num	8	X649F.	3.	FM31: C9. Do you have leaking or loss of control of liquid stool
38	OFT_LIQ_LK	Num	8	X511F.	3.	FM31: C9a. How often do you have leaking or loss of liquid stool
39	SOL_STOOL_LK	Num	8	X649F.	3.	FM31: C10. Do you have leaking or loss of control of solid stool
40	OFT_SOLID_LK	Num	8	X511F.	3.	FM31: C10a. How often do you have leaking or loss of solid stool
41	PAIN_MED	Num	8	X649F.	3.	FM31: D1. Do you take medication for pain related to your surgery?
42	PAIN_SURG	Num	8	X649F.	3.	FM31: D2. Do you have physical pain directly related to your surgery
43	PAIN_SCALE	Num	8	X676F.	3.	FM31: D3. How would you rate your pain
44	RETURN_ACT	Num	8	X649F.	3.	FM31: D4. Have you returned to normal activities of daily life
45	NUM_DAYS	Num	8	X676F.	4.	FM31: D5. How many days did it take you to return to full activity
46	PAID_DAYS	Num	8	X676F.	4.	FM31: D6. How many paid workdays did you take off after surgery
47	UI_VISIT	Num	8	X649F.	3.	FM31: E1. Have you seen a doctor for a reason related to UITN surgery?
48	PHYS_VISIT	Num	8	X649F.	3.	FM31: E3. Have you seen a doctor for any reason since your surgery?
49	UI_TREAT	Num	8	X649F.	3.	FM31: E5. Have you used or received any non-surgical treatment?
50	ER_VISIT	Num	8	X649F.	3.	FM31: E7. Have you been to an emergency room for any reason?
51	NEW_SURG	Num	8	X649F.	3.	FM31: E9. Have you had any new abdominal or pelvic surgery?
52	HOS_ADMIT	Num	8	X649F.	3.	FM31: E11. Have you been hospitalized for any reason?
53	ANTIBIOTICS	Num	8	X649F.	3.	FM31: E13. Has a doctor prescribed any antibiotics?
54	ADV_EVENTS	Num	8	X649F.	3.	FM31: F1. Is there evidence of any adverse events?
55	AID	Num	8			Subject ID

Data Set Name: f32.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WOUN_COMP	Num	8	X649F.	3.	FM32: B1. Were any wound complications newly identified?
2	WC_TREAT	Num	8	X649F.	3.	FM32: B1j. Were there any treatments for these wound complications
3	FEB_MORB	Num	8	X652F.	3.	FM32: B4. Were any febrile morbidities newly identified...?
4	UNEX_FEVER	Num	8	X649F.	3.	FM32: B4a. Unexplained fever
5	PELV_CELL	Num	8	X649F.	3.	FM32: B4b. Pelvic cellulitis
6	UTI	Num	8	X649F.	3.	FM32: B4c. Culture-proven urinary tract infection
7	SEPSIS	Num	8	X649F.	3.	FM32: B4d. Sepsis
8	CATH_INF	Num	8	X649F.	3.	FM32: B4e. Infection at SP catheter site
9	OTH_F_MORB	Num	8	X649F.	3.	FM32: B4f. Other
10	FM_TREAT	Num	8	X649F.	3.	FM32: B4g. Were the any treatments for febrile morbidity complications?
11	OTHER_COMP	Num	8	X649F.	3.	FM32: B6. Were any other complications of the surgery newly identified
12	OC_TREAT	Num	8	X649F.	3.	FM32: B6b. Were there any treatments for other complications?
13	ADV_EVENTS	Num	8	X652F.	3.	FM32: C1. Is there evidence of any adverse events or untoward outcomes
14	AID	Num	8			Subject ID

Data Set Name: f33.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LEAK	Num	8	X463F.	3.	FM33: B1. ...Urine leakage?
2	URGENCY	Num	8	X463F.	3.	FM33: B2. ...An urgency to urinate such that...?
3	FREQ_UR	Num	8	X463F.	3.	FM33: B3. ...Frequent urination?
4	PHSY_ACT	Num	8	X463F.	3.	FM33: B4. ...Physical activities?
5	SOC_ACT	Num	8	X463F.	3.	FM33: B5. ... Social activities?
6	SEX_ACT	Num	8	X463F.	3.	FM33: B6. ... Sexual activities?
7	EMOTIONS	Num	8	X463F.	3.	FM33: B7. ... Your emotions?
8	CHOOSE_	Num	8	X649F.	3.	FM33: B8. ... would you still choose to have this surgery?
9	RECOMMEND	Num	8	X649F.	3.	FM33: B9. Would you recommend this surgery to family member or friend?
10	QC1	Num	8	X649F.	3.	FM33: C1. ...frequent urination?
11	QC1A	Num	8	X412F.	3.	FM33: C1a. IF YES...
12	QC2	Num	8	X649F.	3.	FM33: C2. ...a strong feeling or urgency to empty bladder?
13	QC2A	Num	8	X412F.	3.	FM33: C2a. IF YES...
14	QC3	Num	8	X649F.	3.	FM33: C3. ...urine leakage related to urgency?
15	QC3A	Num	8	X412F.	3.	FM33: C3a. IF YES...
16	QC4	Num	8	X649F.	3.	FM33: C4. ...urine leakage related to physical activity?
17	QC4A	Num	8	X412F.	3.	FM33: C4a. IF YES...
18	QC5	Num	8	X649F.	3.	FM33: C5. ...general urine leakage not related to urgency?
19	QC5A	Num	8	X412F.	3.	FM33: C5a. IF YES...
20	QC6	Num	8	X649F.	3.	FM33: C6. ...small amounts of urine leakage?
21	QC6A	Num	8	X412F.	3.	FM33: C6a. IF YES...
22	QC7	Num	8	X649F.	3.	FM33: C7. ...large amounts of urine leakage?
23	QC7A	Num	8	X412F.	3.	FM33: C7a. IF YES...
24	QC8	Num	8	X649F.	3.	FM33: C8. ...nighttime urination?
25	QC8A	Num	8	X412F.	3.	FM33: C8a. IF YES...
26	QC9	Num	8	X649F.	3.	FM33: C9. ...bedwetting?
27	QC9A	Num	8	X412F.	3.	FM33: C9a. IF YES...
28	QC10	Num	8	X649F.	3.	FM33: C10. ...difficulty emptying your bladder?
29	QC10A	Num	8	X412F.	3.	FM33: C10a. IF YES...
30	QC11	Num	8	X649F.	3.	FM33: C11. ...feeling of incomplete bladder emptying?
31	QC11A	Num	8	X412F.	3.	FM33: C11a. IF YES...
32	QC12	Num	8	X649F.	3.	FM33: C12. ...lower abdominal pressure?
33	QC12A	Num	8	X412F.	3.	FM33: C12a. IF YES...
34	QC13	Num	8	X649F.	3.	FM33: C13. ...pain when urinating?
35	QC13A	Num	8	X412F.	3.	FM33: C13a. IF YES...
36	QC14	Num	8	X649F.	3.	FM33: C14. ...pain in lower abdominal or genital area?

Num	Variable	Type	Len	Format	Informat	Label
37	QC14A	Num	8	X412F.	3.	FM33: C14a. IF YES...
38	QC15	Num	8	X649F.	3.	FM33: C15. ...heaviness in pelvic area?
39	QC15A	Num	8	X412F.	3.	FM33: C15a. IF YES...
40	QC16	Num	8	X649F.	3.	FM33: C16. ...feeling of bulging in vaginal area?
41	QC16A	Num	8	X412F.	3.	FM33: C16a. IF YES...
42	QC17	Num	8	X649F.	3.	FM33: C17. ...bulging or protrusion you can see...
43	QC17A	Num	8	X412F.	3.	FM33: C17a. IF YES...
44	QC18	Num	8	X649F.	3.	FM33: C18. ...pelvic discomfort when standing...
45	QC18A	Num	8	X412F.	3.	FM33: C18a. IF YES...
46	QC19	Num	8	X649F.	3.	FM33: C19. Do you have to push to empty your bladder?
47	QC19A	Num	8	X412F.	3.	FM33: C19a. IF YES...
48	QC20	Num	8	X649F.	3.	FM33: C20. Do you have to push to have bowel movement?
49	QC20A	Num	8	X412F.	3.	FM33: C20a. IF YES...
50	PROLAPSE	Num	8	X649F.	3.	FM33: C21. Do you experience any other symptoms...?
51	QC23	Num	8	X414F.	3.	FM33: C23. ...ability to do household chores?
52	QC24	Num	8	X414F.	3.	FM33: C24. ...ability to do usual maintenance or repair?
53	QC25	Num	8	X414F.	3.	FM33: C25. ...shopping activities?
54	QC26	Num	8	X414F.	3.	FM33: C26. ...hobbies and pastime activities?
55	QC27	Num	8	X414F.	3.	FM33: C27. ...physical recreational activities?
56	QC28	Num	8	X414F.	3.	FM33: C28. ...entertainment activities?
57	QC29	Num	8	X414F.	3.	FM33: C29. ...ability to travel by car or bus less than 20 min.s away?
58	QC30	Num	8	X414F.	3.	FM33: C30. ...ability to travel by car or bus more than 20 min.s away?
59	QC31	Num	8	X414F.	3.	FM33: C31. ...going to places where you are not sure about restrooms?
60	QC32	Num	8	X414F.	3.	FM33: C32. ...going on vacation?
61	QC33	Num	8	X414F.	3.	FM33: C33. ...church or temple attendance?
62	QC34	Num	8	X414F.	3.	FM33: C34. ...volunteer activities?
63	QC35	Num	8	X414F.	3.	FM33: C35. ...employment outside the home?
64	QC36	Num	8	X414F.	3.	FM33: C36. ...having friends visit?
65	QC37	Num	8	X414F.	3.	FM33: C37. ...participation in social activities outside home?
66	QC38	Num	8	X414F.	3.	FM33: C38. ...relationships with friends?
67	QC39	Num	8	X414F.	3.	FM33: C39. ...relationships with family excluding husband?
68	QC40	Num	8	X414F.	3.	FM33: C40. ...ability to have sexual relations?
69	QC41	Num	8	X414F.	3.	FM33: C41. ...the way you dress?
70	QC42	Num	8	X414F.	3.	FM33: C42. ...emotional health
71	QC43	Num	8	X414F.	3.	FM33: C43. ...physical health
72	QC44	Num	8	X414F.	3.	FM33: C44. ...sleep?
73	QC45	Num	8	X414F.	3.	FM33: C45. ...how much does fear of odor restrict your activities?
74	QC46	Num	8	X414F.	3.	FM33: C46. ...how much does fear of embar. restrict your activities?
75	QC47	Num	8	X414F.	3.	FM33: C47. ...nervousness or anxiety?

Num	Variable	Type	Len	Format	Informat	Label
76	QC48	Num	8	X414F.	3.	FM33: C48. ...fear?
77	QC49	Num	8	X414F.	3.	FM33: C49. ...frustration?
78	QC50	Num	8	X414F.	3.	FM33: C50. ...anger?
79	QC51	Num	8	X414F.	3.	FM33: C51. ...depression?
80	QC52	Num	8	X414F.	3.	FM33: C52. ...embarrassment?
81	QD1	Num	8	X644F.	3.	FM33: D1. Vigorous activities?
82	QD2	Num	8	X644F.	3.	FM33: D2. Moderate activities?
83	QD3	Num	8	X644F.	3.	FM33: D3. Lifting or carrying groceries?
84	QD4	Num	8	X644F.	3.	FM33: D4. Climbing several flights of stairs.
85	QD5	Num	8	X644F.	3.	FM33: D5. Climbing one flight of stairs.
86	QD6	Num	8	X644F.	3.	FM33: D6. Bending, kneeling or stooping.
87	QD7	Num	8	X644F.	3.	FM33: D7. Walking more than a mile.
88	QD8	Num	8	X644F.	3.	FM33: D8. Walking several blocks.
89	QD9	Num	8	X644F.	3.	FM33: D9. Walking one block.
90	QD10	Num	8	X644F.	3.	FM33: D10. Bathing or dressing yourself.
91	QD11	Num	8	X649F.	3.	FM33: D11. Cut down amount of time your spent on work.
92	QD12	Num	8	X649F.	3.	FM33: D12. Accomplished less than you would like.
93	QD13	Num	8	X649F.	3.	FM33: D13. Were limited in the kind of work.
94	QD14	Num	8	X649F.	3.	FM33: D14. Had difficulty performing the work or activities
95	AID	Num	8			Subject ID

Data Set Name: f47.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LEAK	Num	8	X463F.	3.	FM47: B1. ...Urine leakage?
2	URGENCY	Num	8	X463F.	3.	FM47: B2. ...An urgency to urinate such that...?
3	FREQ_UR	Num	8	X463F.	3.	FM47: B3. ...Frequent urination?
4	PHSY_ACT	Num	8	X463F.	3.	FM47: B4. ...Physical activities?
5	SOC_ACT	Num	8	X463F.	3.	FM47: B5. ... Social activities?
6	SEX_ACT	Num	8	X463F.	3.	FM47: B6. ... Sexual activities?
7	EMOTIONS	Num	8	X463F.	3.	FM47: B7. ... Your emotions?
8	CHOOSE_	Num	8	X649F.	3.	FM47: B8. ... would you still choose to have this surgery?
9	RECOMMEND	Num	8	X649F.	3.	FM47: B9. Would you recommend this surgery to family member or friend?
10	QC1	Num	8	X649F.	3.	FM47: C1. ...frequent urination?
11	QC1A	Num	8	X412F.	3.	FM47: C1a. IF YES...
12	QC2	Num	8	X649F.	3.	FM47: C2. ...a strong feeling or urgency to empty bladder?
13	QC2A	Num	8	X412F.	3.	FM47: C2a. IF YES...
14	QC3	Num	8	X649F.	3.	FM47: C3. ...urine leakage related to urgency?
15	QC3A	Num	8	X412F.	3.	FM47: C3a. IF YES...
16	QC4	Num	8	X649F.	3.	FM47: C4. ...urine leakage related to physical activity?
17	QC4A	Num	8	X412F.	3.	FM47: C4a. IF YES...
18	QC5	Num	8	X649F.	3.	FM47: C5. ...general urine leakage not related to urgency?
19	QC5A	Num	8	X412F.	3.	FM47: C5a. IF YES...
20	QC6	Num	8	X649F.	3.	FM47: C6. ...small amounts of urine leakage?
21	QC6A	Num	8	X412F.	3.	FM47: C6a. IF YES...
22	QC7	Num	8	X649F.	3.	FM47: C7. ...large amounts of urine leakage?
23	QC7A	Num	8	X412F.	3.	FM47: C7a. IF YES...
24	QC8	Num	8	X649F.	3.	FM47: C8. ...nighttime urination?
25	QC8A	Num	8	X412F.	3.	FM47: C8a. IF YES...
26	QC9	Num	8	X649F.	3.	FM47: C9. ...bedwetting?
27	QC9A	Num	8	X412F.	3.	FM47: C9a. IF YES...
28	QC10	Num	8	X649F.	3.	FM47: C10. ...difficulty emptying your bladder?
29	QC10A	Num	8	X412F.	3.	FM47: C10a. IF YES...
30	QC11	Num	8	X649F.	3.	FM47: C11. ...feeling of incomplete bladder emptying?
31	QC11A	Num	8	X412F.	3.	FM47: C11a. IF YES...
32	QC12	Num	8	X649F.	3.	FM47: C12. ...lower abdominal pressure?
33	QC12A	Num	8	X412F.	3.	FM47: C12a. IF YES...
34	QC13	Num	8	X649F.	3.	FM47: C13. ...pain when urinating?
35	QC13A	Num	8	X412F.	3.	FM47: C13a. IF YES...
36	QC14	Num	8	X649F.	3.	FM47: C14. ...pain in lower abdominal or genital area?

Num	Variable	Type	Len	Format	Informat	Label
37	QC14A	Num	8	X412F.	3.	FM47: C14a. IF YES...
38	QC15	Num	8	X649F.	3.	FM47: C15. ...heaviness in pelvic area?
39	QC15A	Num	8	X412F.	3.	FM47: C15a. IF YES...
40	QC16	Num	8	X649F.	3.	FM47: C16. ...feeling of bulging in vaginal area?
41	QC16A	Num	8	X412F.	3.	FM47: C16a. IF YES...
42	QC17	Num	8	X649F.	3.	FM47: C17. ...bulging or protrusion you can see...
43	QC17A	Num	8	X412F.	3.	FM47: C17a. IF YES...
44	QC18	Num	8	X649F.	3.	FM47: C18. ...pelvic discomfort when standing...
45	QC18A	Num	8	X412F.	3.	FM47: C18a. IF YES...
46	QC19	Num	8	X649F.	3.	FM47: C19. Do you have to push to empty your bladder?
47	QC19A	Num	8	X412F.	3.	FM47: C19a. IF YES...
48	QC20	Num	8	X649F.	3.	FM47: C20. Do you have to push to have bowel movement?
49	QC20A	Num	8	X412F.	3.	FM47: C20a. IF YES...
50	PROLAPSE	Num	8	X649F.	3.	FM47: C21. Do you experience any other symptoms...?
51	QC23	Num	8	X414F.	3.	FM47: C23. ...ability to do household chores?
52	QC24	Num	8	X414F.	3.	FM47: C24. ...ability to do usual maintenance or repair?
53	QC25	Num	8	X414F.	3.	FM47: C25. ...shopping activities?
54	QC26	Num	8	X414F.	3.	FM47: C26. ...hobbies and pastime activities?
55	QC27	Num	8	X414F.	3.	FM47: C27. ...physical recreational activities?
56	QC28	Num	8	X414F.	3.	FM47: C28. ...entertainment activities?
57	QC29	Num	8	X414F.	3.	FM47: C29. ...ability to travel by car or bus less than 20 min.s away?
58	QC30	Num	8	X414F.	3.	FM47: C30. ...ability to travel by car or bus more than 20 min.s away?
59	QC31	Num	8	X414F.	3.	FM47: C31. ...going to places where you are not sure about restrooms?
60	QC32	Num	8	X414F.	3.	FM47: C32. ...going on vacation?
61	QC33	Num	8	X414F.	3.	FM47: C33. ...church or temple attendance?
62	QC34	Num	8	X414F.	3.	FM47: C34. ...volunteer activities?
63	QC35	Num	8	X414F.	3.	FM47: C35. ...employment outside the home?
64	QC36	Num	8	X414F.	3.	FM47: C36. ...having friends visit?
65	QC37	Num	8	X414F.	3.	FM47: C37. ...participation in social activities outside home?
66	QC38	Num	8	X414F.	3.	FM47: C38. ...relationships with friends?
67	QC39	Num	8	X414F.	3.	FM47: C39. ...relationships with family excluding husband?
68	QC40	Num	8	X414F.	3.	FM47: C40. ...ability to have sexual relations?
69	QC41	Num	8	X414F.	3.	FM47: C41. ...the way you dress?
70	QC42	Num	8	X414F.	3.	FM47: C42. ...emotional health
71	QC43	Num	8	X414F.	3.	FM47: C43. ...physical health
72	QC44	Num	8	X414F.	3.	FM47: C44. ...sleep?
73	QC45	Num	8	X414F.	3.	FM47: C45. ...how much does fear of odor restrict your activities?
74	QC46	Num	8	X414F.	3.	FM47: C46. ...how much does fear of embar. restrict your activities?
75	QC47	Num	8	X414F.	3.	FM47: C47. ...nervousness or anxiety?

Num	Variable	Type	Len	Format	Informat	Label
76	QC48	Num	8	X414F.	3.	FM47: C48. ...fear?
77	QC49	Num	8	X414F.	3.	FM47: C49. ...frustration?
78	QC50	Num	8	X414F.	3.	FM47: C50. ...anger?
79	QC51	Num	8	X414F.	3.	FM47: C51. ...depression?
80	QC52	Num	8	X414F.	3.	FM47: C52. ...embarrassment?
81	QD1	Num	8	X644F.	3.	FM47: D1. Vigorous activities?
82	QD2	Num	8	X644F.	3.	FM47: D2. Moderate activities?
83	QD3	Num	8	X644F.	3.	FM47: D3. Lifting or carrying groceries?
84	QD4	Num	8	X644F.	3.	FM47: D4. Climbing several flights of stairs.
85	QD5	Num	8	X644F.	3.	FM47: D5. Climbing one flight of stairs.
86	QD6	Num	8	X644F.	3.	FM47: D6. Bending, kneeling or stooping.
87	QD7	Num	8	X644F.	3.	FM47: D7. Walking more than a mile.
88	QD8	Num	8	X644F.	3.	FM47: D8. Walking several blocks.
89	QD9	Num	8	X644F.	3.	FM47: D9. Walking one block.
90	QD10	Num	8	X644F.	3.	FM47: D10. Bathing or dressing yourself.
91	QD11	Num	8	X649F.	3.	FM47: D11. Cut down amount of time your spent on work.
92	QD12	Num	8	X649F.	3.	FM47: D12. Accomplished less than you would like.
93	QD13	Num	8	X649F.	3.	FM47: D13. Were limited in the kind of work.
94	QD14	Num	8	X649F.	3.	FM47: D14. Had difficulty performing the work or activities
95	QE1	Num	8	X649F.	3.	FM47: E1. In past 6 months, engaged in sexual activities with partner?
96	QF1	Num	8	X448F.	3.	FM47: F1. How frequently do you feel sexual desire?
97	QF2	Num	8	X448F.	3.	FM47: F2. Do you climax during sexual intercourse?
98	QF3	Num	8	X448F.	3.	FM47: F3. Do you feel sexually excited when having sex?
99	QF4	Num	8	X448F.	3.	FM47: F4. How satisfied are you with variety?
100	QF5	Num	8	X448F.	3.	FM47: F5. Do you feel pain during intercourse?
101	QF6	Num	8	X448F.	3.	FM47: F6. Are you incontinent of urine...?
102	QF7	Num	8	X448F.	3.	FM47: F7. Does fear of incontinence restrict ...?
103	QF8	Num	8	X448F.	3.	FM47: F8. Do you avoid sexual intercourse because of bulging...?
104	QF9	Num	8	X448F.	3.	FM47: F9. When having sex, do you have negative emotional reactions..?
105	QF10	Num	8	X448F.	3.	FM47: F10. Does your partner have problems with erections...?
106	QF11	Num	8	X448F.	3.	FM47: F11. Does your partner have problems with premature ejaculations?
107	QF12	Num	8	X448F.	3.	FM47: F12. Compared to orgasms you had in past...?
108	PARTNER	Num	8	X649F.	3.	FM47: G1. Do you have a partner at this time?
109	QG2	Num	8	X448F.	3.	FM47: G2. How frequently do you feel sexual desire?
110	QG3	Num	8	X448F.	3.	FM47: G3. How satisfied are you with the variety...?
111	QG4	Num	8	X448F.	3.	FM47: G4. Does fear of pain restrict your activity?
112	QG5	Num	8	X448F.	3.	FM47: G5. Does fear of incontinence restrict your sexual activity?
113	QG6	Num	8	X448F.	3.	FM47: G6. Do you avoid sexual intercourse because of bulging...?
114	sympt_score	Num	8			satisfaction with symptoms (b1, b2, b3)

Num	Variable	Type	Len	Format	Informat	Label
115	activ_score	Num	8			satisfaction with capability to perform activities (b4, b5, b6)
116	emot_score	Num	8			satisfaction with emotions (b7)
117	satis_score	Num	8			summary satisfaction score: sympt_score + activ_score + emot_score
118	iiq_a	Num	8			Activity
119	iiq_t	Num	8			Travel
120	iiq_so	Num	8			Social
121	iiq_e	Num	8			Emotional
122	iiq_tot	Num	8			Total IIQ
123	udi_o	Num	8			Obstructive Symptoms
124	udi_i	Num	8			Irritative Symptoms
125	udi_s	Num	8			Stress Symptoms
126	udi_tot	Num	8			Total UDI
127	pisq_12	Num	8			12-item sexual activity questionnaire
128	AID	Num	8			Subject ID

Data Set Name: f51.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM51: A2. Visit #
2	MESA_STR_1	Num	8	X405F.	3.	FM51: B1. Does coughing gently cause you to lose urine
3	MESA_STR_2	Num	8	X405F.	3.	FM51: B2. Does coughing hard cause you to lose urine
4	MESA_STR_3	Num	8	X405F.	3.	FM51: B3. Does sneezing cause you to lose urine?
5	MESA_STR_4	Num	8	X405F.	3.	FM51: B4. Does lifting things cause you to lose urine?
6	MESA_STR_5	Num	8	X405F.	3.	FM51: B5. Does bending cause you to lose urine?
7	MESA_STR_6	Num	8	X405F.	3.	FM51: B6. Does laughing cause you to lose urine?
8	MESA_STR_7	Num	8	X405F.	3.	FM51: B7. Does walking briskly or jogging cause you to lose urine?
9	MESA_STR_8	Num	8	X405F.	3.	FM51: B8. Does straining cause you to lose urine?
10	MESA_STR_9	Num	8	X405F.	3.	FM51: B9. Does getting up from sitting cause you to lose urine?
11	MESA_RES	Num	8	X649F.	3.	FM51: B10. Did the patient answer "sometimes or often" to any of B1-B9?
12	MESA_URG_1	Num	8	X405F.	3.	FM51: B11. How often do you receive little warning?
13	MESA_URG_2	Num	8	X405F.	3.	FM51: B12. How often do you end up losing uring or wetting yourself?
14	MESA_URG_3	Num	8	X405F.	3.	FM51: B13. Do you lose urine when you feel your bladder is full?
15	MESA_URG_4	Num	8	X405F.	3.	FM51: B14. Does washing your hands cause you to lose urine?
16	MESA_URG_5	Num	8	X405F.	3.	FM51: B15. Does cold weather cause you to lose urine?
17	MESA_URG_6	Num	8	X405F.	3.	FM51: B16. Does drinking cold beverages cause you to lose urine?
18	UR_FREQ	Num	8	X649F.	3.	FM51: C1. Have you had an increase in your frequency of urination
19	UR_SUDDEN	Num	8	X649F.	3.	FM51: C2. Do you now have sudden urges to rush into bathroom?
20	CATH_USE	Num	8	X649F.	3.	FM51: C3. Do you currently use a catheter to empty your bladder?
21	CATH_FREQ	Num	8	X447F.	3.	FM51: C3a. How often?
22	STRAIN_UR	Num	8	X649F.	3.	FM51: C4a. ... strain to urinate?
23	BEND_UR	Num	8	X649F.	3.	FM51: C4b. ... bend forward to urinate?
24	LEAN_UR	Num	8	X649F.	3.	FM51: C4c. ... lean back to urinate?
25	STAND_UR	Num	8	X649F.	3.	FM51: C4d. ... stand up to urinate?
26	PRESS_UR	Num	8	X649F.	3.	FM51: C4e. ... press on your bladder to urinate?
27	PUSH_UR	Num	8	X649F.	3.	FM51: C4f. ... push on the vagina or perineum to empty your bladder?
28	OTH_ACC_UR	Num	8	X649F.	3.	FM51: C4g. ... do anything else to urinate?
29	STEADY_STR	Num	8	X649F.	3.	FM51: C5a. ... a steady stream of urine?
30	SLOW_STR	Num	8	X649F.	3.	FM51: C5b. ... a slow stream of urine?
31	SPURT_STR	Num	8	X649F.	3.	FM51: C5c. ... a spurting splitting or spraying stream of urine?
32	HESIT_STR	Num	8	X649F.	3.	FM51: C5d. ... a hesitating stream of urine (stops and starts)?
33	DRIB_STR	Num	8	X649F.	3.	FM51: C5e. ... dribbling after you finish voiding?
34	OTH_STR	Num	8	X649F.	3.	FM51: C5f. ... some other description?
35	UR_TIME	Num	8	X528F.	3.	FM51: C6. How would you describe the time it takes to urinate now
36	UR_BOTH	Num	8	X544F.	3.	FM51: C7. How bothered are you by the way you now urinate

Num	Variable	Type	Len	Format	Informat	Label
37	BULGING	Num	8	X649F.	3.	FM51: C8. Have you experienced bulging in vaginal area since surgery?
38	STOOL_SOFT	Num	8	X649F.	3.	FM51: C9. Are you currently taking stool softeners?
39	STR_BM	Num	8	X649F.	3.	FM51: C10. Do you have to strain to have bowel movements
40	OFT_STR_BM	Num	8	X512F.	3.	FM51: C10a. How often do you have to strain to have bowel movements
41	GAS_LK	Num	8	X649F.	3.	FM51: C11. Do you have leaking or loss of control of gas
42	OFT_GAS_LK	Num	8	X511F.	3.	FM51: C11a. How often does this happen?
43	LIQ_STOOL_LK	Num	8	X649F.	3.	FM51: C12. Do you have leaking or loss of control of liquid stool
44	OFT_LIQ_LK	Num	8	X511F.	3.	FM51: C12a. How often does this happen?
45	SOL_STOOL_LK	Num	8	X649F.	3.	FM51: C13. Do you have leaking or loss of control of solid stool
46	OFT_SOLID_LK	Num	8	X511F.	3.	FM51: C13a. How often does this happen?
47	PAIN_MED	Num	8	X649F.	3.	FM51: D1. Do you take medication for pain related to your surgery?
48	PAIN_SURG	Num	8	X649F.	3.	FM51: D2. Do you have physical pain directly related to your surgery
49	PAIN_SCALE	Num	8	X676F.	3.	FM51: D3. How would you rate your pain
50	HEALTH_SERV	Num	8	X649F.	3.	FM51: E1. Does patient report any physician visit, ER, hospital, other
51	HEALTH_TREAT	Num	8	X649F.	3.	FM51: E2. Does patient report any treatment for problem?
52	AID	Num	8			Subject ID
53	comp_dy51	Num	8			FM51: A3. Date interview completed from randomization

Data Set Name: f52.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM52: A2. Visit
2	comp_dy52	Num	8			FM52: A3. Date interview completed from randomization
3	PT_RPT_PAIN	Num	8	X649F.	3.	FM52: B1. Does the patient report any pain
4	PHYS_JUDGE	Num	8	X649F.	3.	FM52: B1a. Do you judge this pain to be related to index surgery
5	PAIN_TREAT	Num	8	X649F.	3.	FM52: B1b. Were there any treatments for this complication
6	PT_RPT_RET	Num	8	X649F.	3.	FM52: B2a. Symptom: Urinary retention
7	PT_RPT_PRO	Num	8	X649F.	3.	FM52: B2b. Symptom: Vaginal prolapse
8	PT_RPT_UI	Num	8	X649F.	3.	FM52: B2c. Symptom: de novo urge incontinence
9	PT_RPT_PUI	Num	8	X649F.	3.	FM52: B2d. Symptom: persistent urge incontinence
10	PT_RPT_SUI	Num	8	X649F.	3.	FM52: B2e. Symptom: stress urinary incontinence
11	YES_SYMP	Num	8	X649F.	3.	FM52: B3. Did you code yes to any of B2a-e
12	SYMP_TREAT	Num	8	X649F.	3.	FM52: B4. Does the patient report any treatment
13	FU30_BEYOND	Num	8	X649F.	3.	FM52: B5. Form being completed as part of the FU30 visit or beyond
14	SLING_EROS	Num	8	X649F.	3.	FM52: B6a. New/Continuing evidence of: Sling erosion
15	HERNIA	Num	8	X649F.	3.	FM52: B6b. New/Continuing evidence of: Hernia
16	SUTURE_EROS	Num	8	X649F.	3.	FM52: B6c. New/Continuing evidence of: Erosion of suture material
17	RECURR_CYST	Num	8	X649F.	3.	FM52: B6d. New/Continuing evidence of: Recurrent cystitis
18	HYDRONEPH	Num	8	X649F.	3.	FM52: B6e. New/Continuing evidence of:Hydronephrosis
19	OTH_SYMPTOM	Num	8			FM52: B7. Any other symptom or complication
20	AID	Num	8			Subject ID

Data Set Name: f53.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM53: A2. Visit #
2	SUI	Num	8	X649F.	3.	FM53: B1. Did patient demonstrate SUI at a bladder volume <= 300 ml?
3	POS_SUI	Num	8	X676F.	4.	FM53: B2. Positive stress test
4	SUP_VAL	Num	8	X666F.	3.	FM53: B2ai. Did SUI occur: with Valsalva in a supine position?
5	SUP_COUGH	Num	8	X666F.	3.	FM53: B2aii. Did SUI occur: with cough in a supine position?
6	STAND_VAL	Num	8	X666F.	3.	FM53: B2aiii. Did SUI occur: with Valsalva in a standing position?
7	STAND_COUGH	Num	8	X666F.	3.	FM53: B2aiv. Did SUI occur: with cough in a standing position?
8	NEG_SUI	Num	8	X676F.	4.	FM53: B3. Negative stress test
9	STRESS_PVR	Num	8	X676F.	4.	FM53: B4. Post void residual
10	PVR_VAL	Num	8	X649F.	3.	FM53: B4ai. Did SUI occur at PVR: with Valsalva?
11	PVR_COUGH	Num	8	X649F.	3.	FM53: B4aii. Did SUI occur at PVR: with cough?
12	PRO_REDUCE	Num	8	X649F.	3.	FM53: B5. Test obtained by reducing Stage III/IV anterior prolapse?
13	AID	Num	8			Subject ID
14	comp_dy53	Num	8			FM53: B6. Date stress test completed from randomization

Data Set Name: f54.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM54: A2. Visit
2	POPQ_AA	Num	8		6.1	FM54: B1. Aa anterior wall 3 cm from external urethral meatus
3	POPQ_BA	Num	8		6.1	FM54: B2. Ba most dependent part of anterior wall
4	POPQ_C	Num	8		6.1	FM54: B3. C cervix or vaginal cuff
5	POPQ_D	Num	8		6.1	FM54: B4. D posterior fornix (if no prior total hyst)
6	POPQ_AP	Num	8		6.1	FM54: B5. Ap posterior wall 3 cm from hymen
7	POPQ_BP	Num	8		6.1	FM54: B6. Bp most dependent part of posterior wall
8	POPQ_GH	Num	8		6.1	FM54: B7. GH genital hiatus
9	POPQ_PB	Num	8		6.1	FM54: B8. PB perineal body
10	POPQ_TVL	Num	8		6.1	FM54: B9. TVL total vaginal length
11	PRO_STAGE	Num	8	X618F.	3.	FM54: B10. Indicate the stage of the prolapse
12	AID	Num	8			Subject ID
13	comp_dy54	Num	8			FM54: B11. Date POP-Q completed from randomization

Data Set Name: f55.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM55: A2. Visit #
3	PABD_CMG_BL	Num	8	YESNONUF.	3.	FM55: D4. Was Pabd measuring system functioning properly
4	PABD_FUN_BL	Num	8	YESNONUF.	3.	FM55: E7. Was Pabd measuring system functioning at baseline
5	PABD_FUN_MAX	Num	8	YESNONUF.	3.	FM55: E10. Was Pabd measuring system functioning at Qmax
6	PFS_BL_INTP	Num	8	YESNONUF.	3.	FM55: E5. Was the PFS baseline interpretable
7	PT_VOID	Num	8	YESNONUF.	3.	FM55: E8. Did patient void
8	PVES_CMG_BL	Num	8	YESNONUF.	3.	FM55: D3. Was Pves measuring system functioning properly
9	PVES_FUN_BL	Num	8	YESNONUF.	3.	FM55: E6. Was Pves measuring system functioning at baseline
10	PVES_FUN_MAX	Num	8	YESNONUF.	3.	FM55: E9. Was Pves measuring system functioning at Qmax
11	REAS_CMG_INV	Num	8	YESNONUF.	3.	FM55: D5. Are there any other reasons you consider CMG invalid
12	REAS_PFS_INV	Num	8	YESNONUF.	3.	FM55: E11. Are there any other reasons you consider the PFS invalid
13	VER_ID	Char	1	\$1.	\$1.	VER_ID
14	cath_diam_x	Num	8	CATH_DIAM_X_F.		FM55: catheter diameter: C2 all vers
15	CMG_REVIEW	Num	8		3.	FMCP: A5. CMG review
16	max_fl_nif	Num	8			NIF max flow
17	mean_fl_nif	Num	8			NIF mean flow
18	pattern_nif	Num	8	PATTERNF.		NIF flow pattern
19	flow_t_nif	Num	8			NIF time to max flow
20	void_vol_nif	Num	8			NIF voided volume
21	fill_nif	Num	8	FILLF.		NIF from mech or spont fill?
22	pvr_nif	Num	8			NIF post-void residual
23	missing_nif	Num	8	YESNONUF.		Any NIF missing?
24	cmg_any_invl	Num	8	YESNONUF.		Any invalid conditions for CMG?
25	pves_base_cmg	Num	8			Pves at CMG baseline
26	pabd_base_cmg	Num	8			Pabd at CMG baseline
27	pdet_base_cmg	Num	8			Pdet at CMG baseline
28	first_desire	Num	8			Volume at first desire
29	strong_desire	Num	8			Volume at strong desire
30	leakvol_nored	Num	8			Volume of unreduced VLPPs
31	lpp_nored_1	Num	8			Pressure at 1st unreduced leak
32	lpp_nored_2	Num	8			Pressure at 2nd unreduced leak
33	lpp_nored_3	Num	8			Pressure at 3rd unreduced leak
34	leak_mcc	Num	8	YESNONUF.		Leaking at MCC?

Num	Variable	Type	Len	Format	Informat	Label
35	vol_mcc	Num	8			Volume at MCC
36	mcc_pves	Num	8			Pves at MCC
37	mcc_pabd	Num	8			Pabd at MCC
38	detrusor	Num	8	YESNONUF.		Detrusor overactivity?
39	detrusor_1	Num	8			Vol at DO occurrence 1
40	detrusor_2	Num	8			Vol at DO occurrence 2
41	detrusor_3	Num	8			Vol at DO occurrence 3
42	pfs_any_invl	Num	8	YESNONUF.		Any invalid conditions for PFS?
43	cough_vd_pfs	Num	8	YESNONUF.		Patient cough before PFS void?
44	pves_pabd_cn	Num	8	YESNONUF.		70% concordance at post-void cough?
45	pfs_pves_bl	Num	8			Pves at PFS baseline
46	pfs_pabd_bl	Num	8			Pabd at PFS baseline
47	pfs_pdet_bl	Num	8			Pdet at PFS baseline
48	pves_qmax	Num	8			Pves at Qmax
49	pabd_qmax	Num	8			Pabd at Qmax
50	pdet_qmax	Num	8			Pdet at Qmax
51	max_fl_pfs	Num	8			PFS Qmax
52	flow_t_pfs	Num	8			PFS Time to Peak Flow
53	void_vol_pfs	Num	8			PFS Voided Volume
54	ureth_relax	Num	8	RELAXF.		Urethral sphincter relax?
55	void_mech	Num	8	VOIDF.		Voiding mechanism
56	cghpstvd_pfs	Num	8	YESNONUF.		Patient cough after PFS void
57	pstcgh_pves	Num	8	YESNONUF.		Pves signal functioning?
58	pstcgh_pabd	Num	8	YESNONUF.		Pabd signal functioning?
59	vv_ge_150	Num	8	YNNUMF.		NIF Voided vol at least 150 ml?
60	nif_obs	Num	8	YNNUMF.		All NIF values observed?
61	analyze_nif	Num	8	YNNUMF.		NIF value included in analysis?
62	valid_cmg	Num	8	VALIDF.		CMG valid?
63	plaus_cmg	Num	8	PLAUSF.		CMG plausible?
64	mcc_pdet	Num	8			Pdet at MCC
65	pos_mcc	Num	8	PLAUSF.		MCC pressures positive?
66	plaus_mcc_pfs	Num	8	PLAUSF.		MCC pressures plausible relative to PFS baseline?
67	plaus_mcc	Num	8	PLAUSF.		MCC pressures plausible?
68	vlpp_nored	Num	8			Unreduced mean VLPP
69	vlpp_nored_min	Num	8			Unreduced min VLPP
70	vlpp_nored_range	Num	8			Unreduced range VLPP
71	leak_nored	Num	8	LK_NRDF.		Did patient leak prior to reduction?
72	leak_grp	Num	8	LK_GRPf.		When did the patient leak?
73	usi	Num	8	USIF.		Urinary stress incontinence

Num	Variable	Type	Len	Format	Informat	Label
74	usinoinvalid	Num	8	USIF.		usi with no invalid obs
75	press_bl	Num	8	PR_BLF.		Baseline pressures analyzable?
76	press_nored	Num	8	PR_NRDF.		Unreduced pressures analyzable?
77	press_mcc	Num	8	PR_MCCF.		MCC pressures analyzable?
78	do_leak	Num	8	DETOVERF.		Detrusor overactivity? With leakage?
79	d_vlpp_nored	Num	8			Unreduced delta VLPP
80	d_mcc_pves	Num	8			Change in Pves from BL to MCC
81	d_mcc_pabd	Num	8			Change in Pabd from BL to MCC
82	d_mcc_pdet	Num	8			Change in Pdet from BL to MCC
83	comply_det	Num	8			Detrusor compliance
84	comply_det_no0	Num	8			Detrusor compliance, 0 denom = 1
85	comply_ves	Num	8			Vesical compliance
86	comply_ves_no0	Num	8			Vesical compliance, 0 denom = 1
87	valid_pfs	Num	8	VALIDF.		PFS valid?
88	plaus_base_pfs	Num	8	PLAUSEF.		PFS plausible at baseline?
89	plaus_pfs_mcc	Num	8	PLAUSEF.		PFS baseline plausible relative to MCC?
90	plaus_cough_pfs	Num	8	PLAUSEF.		PFS plausible at post-void cough?
91	plaus_pfs	Num	8	PLAUSEF.		PFS plausible?
92	press_pfs	Num	8	PR_NRDF.		PFS pressures analyzable?
93	d_pves	Num	8			Delta Pves
94	d_pabd	Num	8			Delta Pabd
95	d_pdet	Num	8			Delta Pdet

Data Set Name: f56.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM56: A2. Visit #
3	PT_DATA	Num	8	X649F.	3.	FM56: B1. Are there Pad Test measures to record below?
4	TOT_PADS	Num	8	X676F.	3.	FM56: B3. Number of pads distributed in the Kit:
5	pt_time_min	Num	8			FM56: B5. PAD test time in minutes
6	pt_time_hr	Num	8			FM56: B5. PAD test time in hours
7	MENST	Num	8	X649F.	3.	FM56: B6. Was the patient menstruating when Pad Test was conducted?
8	PT_PROTO	Num	8	X649F.	3.	FM56: B7. Was the Pad Test completed per protocol requirements?
9	PT_VALIDITY	Num	8	X635F.	3.	FM56: B8. Do you judge the test to be valid or invalid?
10	SUM_PRE	Num	8	X676F.	7.2	FM56: B15. Sum of all pre-weights
11	SUM_POST	Num	8	X676F.	8.2	FM56: B16. Sum of all post-weights
12	WEIGHT_DIFF	Num	8	X676F.	8.2	FM56: B17. What is the difference of B16 - B15?
13	WEIGHT_FAIL	Num	8	X649F.	3.	FM56: B18. Is B17 >= 15.00 grams?
14	VD_DATA	Num	8	X649F.	3.	FM56: C1. Are there voiding diary data to record below
15	DAY1_DAY	Num	8	X625F.	3.	FM56: C3a. Day of the week: Day 1
16	DAY1_ACC	Num	8	X676F.	3.	FM56: C3b. Number of accidents: Day 1
17	WAKE_VOID_1	Num	8	X676F.	3.	FM56: C3c. Toilet voids during waking hours: Day 1
18	BED_VOID_1	Num	8	X676F.	3.	FM56: C3d. Toilet voids during bedtime hours: Day 1
19	tot_void1	Num	8			FM56: Total toilet voids:day1
20	DAY2_DAY	Num	8	X625F.	3.	FM56: C4a. Day of the week: Day 2
21	DAY2_ACC	Num	8	X676F.	3.	FM56: C4b. Number of accidents: day 2
22	WAKE_VOID_2	Num	8	X676F.	3.	FM56: C4c. Toilet voids during waking hour: Day 2
23	BED_VOID_2	Num	8	X676F.	3.	FM56: C4d. Toilet voids during bedtime hours:Day2
24	tot_void2	Num	8			FM56: Total toilet voids:day2
25	DAY3_DAY	Num	8	X625F.	3.	FM56: C5a. Day of the week:Day 3
26	DAY3_ACC	Num	8	X676F.	3.	FM56: C5b. Number of accidents:day3
27	WAKE_VOID_3	Num	8	X676F.	3.	FM56: C5c. Toilet voids during waking hour: Day 3
28	BED_VOID_3	Num	8	X676F.	3.	FM56: C5d. Toilet voids during bedtime hours:Day3
29	tot_void3	Num	8			FM56: Total toilet voids:day3
30	tot_void	Num	8			FM56: Diary:NumVoids (in 3dy)
31	ave_void	Num	8			FM56: Diary: ave #voids per dy
32	valid_void_dys	Num	8			FM56: Diary: total valid days for voids data
33	tot_acc	Num	8			FM56: Diary: # of accidents (in 3dy)
34	ave_acc	Num	8			FM56: Diary: ave #accidents per dy
35	valid_acc_dys	Num	8			FM56: Diary: total valid days for accidents data
36	ANY_ACCID	Num	8	X649F.	3.	FM56: C6. Did the woman report any accidents during the 3-day Diary?

Num	Variable	Type	Len	Format	Informat	Label
37	VD_PROTO	Num	8	X649F.	3.	FM56: C7. Was the Voiding Diary completed per protocol?
38	VD_VALIDITY	Num	8	X635F.	3.	FM56: C8. Do you judge voiding diary to be valid or invalid?
39	comp_dy56pt	Num	8			FM56: A3. Date form completed (for valid pad test) from randomization
40	comp_dy56vd	Num	8			FM56: A3. Date form completed (for valid diary) from randomization
41	PTSTART_dy56	Num	8			FM56: B5. Date Pad Test started from randomization
42	DAY1_dy56	Num	8			FM56: C3. Date of diary: Day 1 from randomization

Data Set Name: f57.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM57: A2. Visit
2	LEAK	Num	8	X463F.	3.	FM57: B1. ...Urine leakage?
3	URGENCY	Num	8	X463F.	3.	FM57: B2. ...An urgency to urinate such that...?
4	FREQ_UR	Num	8	X463F.	3.	FM57: B3. ...Frequent urination?
5	PHSY_ACT	Num	8	X463F.	3.	FM57: B4. ...Physical activities?
6	SOC_ACT	Num	8	X463F.	3.	FM57: B5. ... Social activities?
7	SEX_ACT	Num	8	X463F.	3.	FM57: B6. ... Sexual activities?
8	EMOTIONS	Num	8	X463F.	3.	FM57: B7. ... Your emotions?
9	CHOOSE_	Num	8	X649F.	3.	FM57: B8. ... would you still choose to have this surgery?
10	RECOMMEND	Num	8	X649F.	3.	FM57: B9. Would you recommend this surgery to family member or friend?
11	QC1	Num	8	X649F.	3.	FM57: C1. ...frequent urination?
12	QC1A	Num	8	X412F.	3.	FM57: C1a. IF YES...
13	QC2	Num	8	X649F.	3.	FM57: C2. ...a strong feeling or urgency to empty bladder?
14	QC2A	Num	8	X412F.	3.	FM57: C2a. IF YES...
15	QC3	Num	8	X649F.	3.	FM57: C3. ...urine leakage related to urgency?
16	QC3A	Num	8	X412F.	3.	FM57: C3a. IF YES...
17	QC4	Num	8	X649F.	3.	FM57: C4. ...urine leakage related to physical activity?
18	QC4A	Num	8	X412F.	3.	FM57: C4a. IF YES...
19	QC5	Num	8	X649F.	3.	FM57: C5. ...general urine leakage not related to urgency?
20	QC5A	Num	8	X412F.	3.	FM57: C5a. IF YES...
21	QC6	Num	8	X649F.	3.	FM57: C6. ...small amounts of urine leakage?
22	QC6A	Num	8	X412F.	3.	FM57: C6a. IF YES...
23	QC7	Num	8	X649F.	3.	FM57: C7. ...large amounts of urine leakage?
24	QC7A	Num	8	X412F.	3.	FM57: C7a. IF YES...
25	QC8	Num	8	X649F.	3.	FM57: C8. ...nighttime urination?
26	QC8A	Num	8	X412F.	3.	FM57: C8a. IF YES...
27	QC9	Num	8	X649F.	3.	FM57: C9. ...bedwetting?
28	QC9A	Num	8	X412F.	3.	FM57: C9a. IF YES...
29	QC10	Num	8	X649F.	3.	FM57: C10. ...difficulty emptying your bladder?
30	QC10A	Num	8	X412F.	3.	FM57: C10a. IF YES...
31	QC11	Num	8	X649F.	3.	FM57: C11. ...feeling of incomplete bladder emptying?
32	QC11A	Num	8	X412F.	3.	FM57: C11a. IF YES...
33	QC12	Num	8	X649F.	3.	FM57: C12. ...lower abdominal pressure?
34	QC12A	Num	8	X412F.	3.	FM57: C12a. IF YES...
35	QC13	Num	8	X649F.	3.	FM57: C13. ...pain when urinating?
36	QC13A	Num	8	X412F.	3.	FM57: C13a. IF YES...

Num	Variable	Type	Len	Format	Informat	Label
37	QC14	Num	8	X649F.	3.	FM57: C14. ...pain in lower abdominal or genital area?
38	QC14A	Num	8	X412F.	3.	FM57: C14a. IF YES...
39	QC15	Num	8	X649F.	3.	FM57: C15. ...heaviness in pelvic area?
40	QC15A	Num	8	X412F.	3.	FM57: C15a. IF YES...
41	QC16	Num	8	X649F.	3.	FM57: C16. ...feeling of bulging in vaginal area?
42	QC16A	Num	8	X412F.	3.	FM57: C16a. IF YES...
43	QC17	Num	8	X649F.	3.	FM57: C17. ...bulging or protrusion you can see...
44	QC17A	Num	8	X412F.	3.	FM57: C17a. IF YES...
45	QC18	Num	8	X649F.	3.	FM57: C18. ...pelvic discomfort when standing...
46	QC18A	Num	8	X412F.	3.	FM57: C18a. IF YES...
47	QC19	Num	8	X649F.	3.	FM57: C19. Do you have to push to empty your bladder?
48	QC19A	Num	8	X412F.	3.	FM57: C19a. IF YES...
49	QC20	Num	8	X649F.	3.	FM57: C20. Do you have to push to have bowel movement?
50	QC20A	Num	8	X412F.	3.	FM57: C20a. IF YES...
51	PROLAPSE	Num	8	X649F.	3.	FM57: C21. Do you experience any other symptoms...?
52	QOL_SYMP_COD	Char	3	\$3.	\$3.	FM57: C22a. Code:
53	QC23	Num	8	X414F.	3.	FM57: C23. ...ability to do household chores?
54	QC24	Num	8	X414F.	3.	FM57: C24. ...ability to do usual maintenance or repair?
55	QC25	Num	8	X414F.	3.	FM57: C25. ...shopping activities?
56	QC26	Num	8	X414F.	3.	FM57: C26. ...hobbies and pastime activities?
57	QC27	Num	8	X414F.	3.	FM57: C27. ...physical recreational activities?
58	QC28	Num	8	X414F.	3.	FM57: C28. ...entertainment activities?
59	QC29	Num	8	X414F.	3.	FM57: C29. ...ability to travel by car or bus less than 20 min.s away?
60	QC30	Num	8	X414F.	3.	FM57: C30. ...ability to travel by car or bus more than 20 min.s away?
61	QC31	Num	8	X414F.	3.	FM57: C31. ...going to places where you are not sure about restrooms?
62	QC32	Num	8	X414F.	3.	FM57: C32. ...going on vacation?
63	QC33	Num	8	X414F.	3.	FM57: C33. ...church or temple attendance?
64	QC34	Num	8	X414F.	3.	FM57: C34. ...volunteer activities?
65	QC35	Num	8	X414F.	3.	FM57: C35. ...employment outside the home?
66	QC36	Num	8	X414F.	3.	FM57: C36. ...having friends visit?
67	QC37	Num	8	X414F.	3.	FM57: C37. ...participation in social activities outside home?
68	QC38	Num	8	X414F.	3.	FM57: C38. ...relationships with friends?
69	QC39	Num	8	X414F.	3.	FM57: C39. ...relationships with family excluding husband?
70	QC40	Num	8	X414F.	3.	FM57: C40. ...ability to have sexual relations?
71	QC41	Num	8	X414F.	3.	FM57: C41. ...the way you dress?
72	QC42	Num	8	X414F.	3.	FM57: C42. ...emotional health
73	QC43	Num	8	X414F.	3.	FM57: C43. ...physical health
74	QC44	Num	8	X414F.	3.	FM57: C44. ...sleep?
75	QC45	Num	8	X414F.	3.	FM57: C45. ...how much does fear of odor restrict your activities?

Num	Variable	Type	Len	Format	Informat	Label
76	QC46	Num	8	X414F.	3.	FM57: C46. ...how much does fear of embar. restrict your activities?
77	QC47	Num	8	X414F.	3.	FM57: C47. ...nervousness or anxiety?
78	QC48	Num	8	X414F.	3.	FM57: C48. ...fear?
79	QC49	Num	8	X414F.	3.	FM57: C49. ...frustration?
80	QC50	Num	8	X414F.	3.	FM57: C50. ...anger?
81	QC51	Num	8	X414F.	3.	FM57: C51. ...depression?
82	QC52	Num	8	X415F.	3.	FM57: C52. ...embarrassment?
83	QE1	Num	8	X649F.	3.	FM57: D1. In past 6 months, engaged in sexual activities with partner?
84	QF1	Num	8	X448F.	3.	FM57: E1. How frequently do you feel sexual desire?
85	QF2	Num	8	X448F.	3.	FM57: E2. Do you climax during sexual intercourse?
86	QF3	Num	8	X448F.	3.	FM57: E3. Do you feel sexually excited when having sex?
87	QF4	Num	8	X448F.	3.	FM57: E4. How satisfied are you with variety?
88	QF5	Num	8	X448F.	3.	FM57: E5. Do you feel pain during intercourse?
89	QF6	Num	8	X448F.	3.	FM57: E6. Are you incontinent of urine...?
90	QF7	Num	8	X448F.	3.	FM57: E7. Does fear of incontinence restrict ...?
91	QF8	Num	8	X448F.	3.	FM57: E8. Do you avoid sexual intercourse because of bulging...?
92	QF9	Num	8	X448F.	3.	FM57: E9. When having sex, do you have negative emotional reactions..?
93	QF10	Num	8	X448F.	3.	FM57: E10. Does your partner have problems with erections...?
94	QF11	Num	8	X448F.	3.	FM57: E11. Does your partner have problems with premature ejaculations?
95	QF12	Num	8	X448F.	3.	FM57: E12. Compared to orgasms you had in past...?
96	PARTNER	Num	8	X649F.	3.	FM57: F1. Do you have a partner at this time?
97	QG2	Num	8	X448F.	3.	FM57: F2. How frequently do you feel sexual desire?
98	QG3	Num	8	X448F.	3.	FM57: F3. How satisfied are you with the variety...?
99	QG4	Num	8	X448F.	3.	FM57: F4. Does fear of pain restrict your activity?
100	QG5	Num	8	X448F.	3.	FM57: F5. Does fear of incontinence restrict your sexual activity?
101	QG6	Num	8	X448F.	3.	FM57: F6. Do you avoid sexual intercourse because of bulging...?
102	sympt_score	Num	8			satisfaction with symptoms (b1, b2, b3)
103	activ_score	Num	8			satisfaction with capability to perform activities (b4, b5, b6)
104	emot_score	Num	8			satisfaction with emotions (b7)
105	satis_score	Num	8			summary satisfaction score: sympt_score + activ_score + emot_score
106	iiq_a	Num	8			Activity
107	iiq_t	Num	8			Travel
108	iiq_so	Num	8			Social
109	iiq_e	Num	8			Emotional
110	iiq_tot	Num	8			Total IIQ
111	udi_o	Num	8			Obstructive Symptoms
112	udi_i	Num	8			Irritative Symptoms
113	udi_s	Num	8			Stress Symptoms
114	udi_tot	Num	8			Total UDI

Num	Variable	Type	Len	Format	Informat	Label
115	pisq_12	Num	8			12-item sexual activity questionnaire
116	AID	Num	8			Subject ID
117	comp_dy57	Num	8			FM57: A7. Date Form Completed from randomization

Data Set Name: f58.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM58: A2. Visit #
2	LINERS	Num	8	X676F.	3.	FM58: B1. Pantyliners or minipads
3	MAXIPADS	Num	8	X676F.	3.	FM58: B2. Maxipads such as Kotex or Modess
4	INCONT_PADS	Num	8	X676F.	3.	FM58: B3. Incontinence Pads such as Serenity or Poise
5	DIAPERS	Num	8	X676F.	3.	FM58: B4. Diapers such as Depends or Attends
6	URETH_PADS	Num	8	X676F.	3.	FM58: B5. Urethral pads such as Impress, Femassist
7	TOILET_PAP	Num	8	X676F.	3.	FM58: B6. Toilet paper
8	PAP_TOWEL	Num	8	X676F.	3.	FM58: B7. Paper towels
9	OTHER	Num	8	X676F.	3.	FM58: B8a. Other
10	UNDERWEAR	Num	8	X676F.	3.	FM58: B9. Underwear
11	INCON_PANTS	Num	8	X676F.	3.	FM58: B10. Incontinence pants
12	CLOTHING	Num	8	X676F.	3.	FM58: B11. Clothing
13	TOWELS	Num	8	X676F.	3.	FM58: B12. Towels or wash clothes
14	BED_LINENS	Num	8	X676F.	3.	FM58: B13. Bed linens
15	BED_PAD	Num	8	X676F.	3.	FM58: B14. Bed pad
16	CHAIR_PROT	Num	8	X676F.	3.	FM58: B15. Chair protection
17	LAUNDRY	Num	8	X676F.	3.	FM58: B16. How many loads of wash did you do 7 days
18	DC_PANTS	Num	8	X676F.	3.	FM58: B17. Pants
19	DC_SKIRT	Num	8	X676F.	3.	FM58: B18. Skirt
20	DC_DRESS	Num	8	X676F.	3.	FM58: B19. Dress
21	DC_SUIT	Num	8	X676F.	3.	FM58: B20. Suit
22	DC_BLOUSE	Num	8	X676F.	3.	FM58: B21. Blouse
23	LIMIT_EMP	Num	8	X649F.	3.	FM58: B22. In the last year, did UI stop or limit your employment
24	ADDL_MONEY	Num	8	X676F.	9.2	FM58: B22b. How much additional money per month...?
25	SEE_FRIEND	Num	8	X436F.	3.	FM58: C2. Which one of the following describes... recognize friend
26	UNDER_STRANG	Num	8	X432F.	3.	FM58: C5. To be understood when speaking your own language?
27	UNDER_FRIEND	Num	8	X432F.	3.	FM58: C6. To be understood when speaking with people?
28	FEELING_1	Num	8	X503F.	3.	FM58: C7. You have been feeling?
29	DISCOMFORT_1	Num	8	X492F.	3.	FM58: C8. Pain and discomfort you have experienced?
30	WALK	Num	8	X441F.	3.	FM58: C9. Ability to walk?
31	HANDS_FINGS	Num	8	X498F.	3.	FM58: C10. Use your hands and fingers?
32	REMEMBER	Num	8	X435F.	3.	FM58: C11. Ability to remember things?
33	THINK_SOLVE	Num	8	X439F.	3.	FM58: C12. To think and solve day to day problems?
34	BASIC_ACT	Num	8	X485F.	3.	FM58: C13. Basic activities
35	FEELING_2	Num	8	X501F.	3.	FM58: C14. Feeling during the past week
36	DISCOMFORT_2	Num	8	X494F.	3.	FM58: C15. Pain or discomfort

Num	Variable	Type	Len	Format	Informat	Label
37	HEALTH_RATE	Num	8	X489F.	3.	FM58: C16. Rate your health
38	COMPLETION	Num	8	X456F.	3.	FM58: C17. How did you complete the questionnaire
39	WHO_COMP	Num	8	X555F.	3.	FM58: C17a. Who completed it?
40	LEAK_3	Num	8	X676F.	3.	FM58: D1. Reduce incontinence by 25%
41	LEAK_2	Num	8	X676F.	3.	FM58: D2. Reduce incontinence by 50%
42	NO_LEAK	Num	8	X676F.	3.	FM58: D3. You do not leak urine
43	PERS_INCOME	Num	8	X676F.	3.	FM58: D4. Personal income
44	HH_INCOME	Num	8	X676F.	3.	FM58: D5. Combined or total income of your household
45	AID	Num	8			Subject ID
46	comp_dy58	Num	8			FM58: A7. Date Form Completed from randomization

Data Set Name: f59.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	FM59: A2. Visit
2	REST_ANG	Num	8		4.	FM59: B1. Q-tip test: Resting angle
3	MAX_STR_ANG	Num	8		4.	FM59: B2. Q-tip test: Angle at maximum straining
4	AID	Num	8			Subject ID
5	comp_dy59	Num	8			FM59: B3. Date Q-Tip Exam Completed from randomization

Data Set Name: f60.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	HEIGHT	Num	8	X676F.	3.	FM60: B1. Height in inches
2	WEIGHT	Num	8	X676F.	4.	FM60: B2. Weight in pounds
3	VISIT	Char	4	\$4.	\$4.	FM60: A2. Visit #
4	AID	Num	8			Subject ID
5	comp_dy60	Num	8			FM60: A3. Date Form Completed from randomization

Data Set Name: f80.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	LAST_VISIT	Char	4	\$4.	\$4.	FM80: A4. Patient's Last Study Visit
2	FINAL_STATUS	Num	8	X461F.	3.	FM80: B1. What was the patient's final study status?
3	PI_SIG	Num	8	X649F.	3.	FM80: C1. Is the form signed by the PI?
4	AID	Num	8			Subject ID
5	LOST_dy	Num	8			FM80: B2. Lost to follow-up:Date last study data collected from randomization
6	WDRAW_dy	Num	8			FM80: B3. Date consent withdrawn from randomization
7	OTHER_dy	Num	8			FM80: B4. Admin decision or Other: Date last study data collected from randomization
8	CONS_WDRAW_dy	Num	8			FM80: B3a. Consent Withdrawn: Date last study data collected from randomization
9	PI_SIGN_dy	Num	8			FM80: C2. Date signed from randomization
10	comp_dy80	Num	8			FM80: A2. Date Form Completed from randomization

Data Set Name: f81.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	FM81: A2. Visit #:
3	PELVIC	Num	8	X527F.	3.	FM81: B1a. Bother: Pelvic examination
4	STRESS	Num	8	X527F.	3.	FM81: B1b. Bother: Stress test
5	Q_TIP	Num	8	X527F.	3.	FM81: B1c. Bother: Q-tip test
6	VOID_DIARY	Num	8	X527F.	3.	FM81: B1d. Bother: Voiding diary
7	PAD_TEST	Num	8	X527F.	3.	FM81: B1e. Bother: Pad test
8	S_QUESTION	Num	8	X527F.	3.	FM81: B1f. Bother:Patient self-questionnaires
9	UDS_TEST	Num	8	X527F.	3.	FM81: B1g. Bother: Urodynamics testing
10	M_BOTH_EXAM	Num	8	X575F.	3.	FM81: B2. Which of the measures did you feel to be the most bothersome
11	L_BOTH_EXAM	Num	8	X575F.	3.	FM81: B3. Which of the measures did you feel the least bothersome
12	WAIT_TIME	Num	8	X527F.	3.	FM81: C1a. Bother: Wait time
13	TRAVEL_COST	Num	8	X527F.	3.	FM81: C1b. Bother: Travel costs
14	TRAVEL_TIME	Num	8	X527F.	3.	FM81: C1c. Bother: Travel time
15	PARK_AVAIL	Num	8	X527F.	3.	FM81: C1d. Bother: Parking availability
16	PARK_COST	Num	8	X527F.	3.	FM81: C1e. Bother: Parking costs
17	VISIT_LENGTH	Num	8	X527F.	3.	FM81: C1f. Bother: Length of each visit
18	INSURANCE	Num	8	X527F.	3.	FM81: C1g. Bother: Insurance co-pay
19	FORMS_NUM	Num	8	X527F.	3.	FM81: C1h. Bother: Number of forms to fill out
20	M_BOTH_LIFE	Num	8	X639F.	3.	FM81: C2. Section C: Which of the measures most bothersome
21	L_BOTH_LIFE	Num	8	X639F.	3.	FM81: C3. Section C: Which of the measures least bothersome
22	MED_TREAT	Num	8	X619F.	3.	FM81: D1a. Participating: Can get medical care
23	MONEY	Num	8	X619F.	3.	FM81: D1b. Participating: Money
24	ATTENTION	Num	8	X619F.	3.	FM81: D1c. Participating: Personal attention
25	SELF_CARE	Num	8	X619F.	3.	FM81: D1d. Learn to take care of my health
26	HELP_OTHERS	Num	8	X619F.	3.	FM81: D1e. Participating: I feel like I am helping others
27	INFO_PRIVATE	Num	8	X619F.	3.	FM81: D1f. Participating: Study personnel will keep information private
28	STAFF_CARE	Num	8	X619F.	3.	FM81: D1g. Participating: Doctors care about me as person
29	MED_CARE	Num	8	X619F.	3.	FM81: D1h. Participating: Best care
30	STUDY_AGAIN	Num	8	X649F.	3.	FM81: D3. Would you do it again

Data Set Name: f93.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	aid	Num	8			Subject ID
2	URGE_TREAT	Num	8	YESNOFF.	3.	FM93: B1. Did the patient require treatment for urge incontinence?
3	URGE_MED	Num	8	YESNOFF.	3.	FM93: B1ai. Treatments received: Medication
4	URGE_BEHAV	Num	8	YESNOFF.	3.	FM93: B1aii. Treatments received: Behavioral of Biofeedback Treatment
5	URGE_OTHER	Num	8	YESNOFF.	3.	FM93: B1aiii. Treatments received: Other
6	URGE_TYPE	Num	8	X468F.	3.	FM93: B1b. Type of urge incontinence
7	NOVO_dys	Num	8			#days btw rand & first treatment for denovo
8	PERS_TREAT	Num	8	YESNOFF.	3.	FM93: B1d. Did patient received treatment prior to UITN surgery?
9	PERS_dys	Num	8			#days btw rand & first treatment for persisitent urge following UITN surgery
10	RETEN_TREAT	Num	8	YESNOFF.	3.	FM93: B2. Did patient require treatment for retention?
11	RETEN_CATH	Num	8	YESNOFF.	3.	FM93: B2a. Intermittent catheter use beyond 6 weeks
12	RET_SLL_TD	Num	8	YESNOFF.	3.	FM93: B2aii. Sling take-down
13	RET_SUS_TD	Num	8	YESNOFF.	3.	FM93: B2aiii. Suspension take-down
14	RETEN_OTHER	Num	8	YESNOFF.	3.	FM93: B2aiv. Other
15	RETEN_dys	Num	8			#days btw rand & first treatment for retention
16	PRO_TREAT	Num	8	YESNOFF.	3.	FM93: B3. Did patient require treatment for vaginal prolapse?
17	PRO_dys	Num	8			#days btw rand & first treatment for vaginal prolapse
18	SUI_TREAT	Num	8	YESNOFF.	3.	FM93: B4. Did patient require retreatment for recurrent [SUI]?
19	SUI_dys	Num	8			#days btw rand & first retreatment for recurrent SUI

Data Set Name: f94.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	FAIL_ASSOC	Num	8	X649F.	3.	FM94: A5. Is this Treatment Failure associated with a UITN study?
3	FAIL_VISIT	Char	4	\$4.	\$4.	FM94: A6. With which visit is this failure associated?
4	st_fail0	Num	8	X649F.	3.	FM94: B1. Positive Stress Test
5	st_fail_dy	Num	8			#days btw rand & Stress fail date
6	mesa_fail0	Num	8	X649F.	3.	FM94: B2. Self-reported stress-type UI symptoms (MESA)
7	mesa_fail_dy	Num	8			#days btw rand & Mesa fail date
8	pad_fail0	Num	8	X649F.	3.	FM94: B3. Positive Pad Test
9	pad_fail_dy	Num	8			#days btw rand & Pad fail date
10	vd_fail0	Num	8	X649F.	3.	FM94: B4. Self-reported leakage by the 3-day voiding diary
11	vd_fail_dy	Num	8			#days btw rand & Void diary fail date
12	retrt_fail0	Num	8			FM94: Fail by Retreatment including surgical, pharmacologic, behavioral, device and other
13	retrt_fail_dy	Num	8			#days btw rand & Retreatment fail date

Data Set Name: final.sas7bdat

Num	Variable	Type	Len	Format	Label
1	mesa6	Num	8		Had MESA at 6m
2	mesa12	Num	8		Had MESA at 12m
3	mesa18	Num	8		Had MESA at 18m
4	mesa24	Num	8		Had MESA at 24m
5	stress6	Num	8		Had stress test at 6m
6	stress12	Num	8		Had stress test at 12m
7	stress24	Num	8		Had stress test at 24m
8	pad6	Num	8		Had pad test at 6m
9	pad12	Num	8		Had pad test at 12m
10	pad24	Num	8		Had pad test at 24m
11	diary6	Num	8		Had voiding diary at 6m
12	diary12	Num	8		Had voiding diary at 12m
13	diary24	Num	8		Had voiding diary at 24m
14	visit6	Num	8		6mo visit attended
15	visit12	Num	8		12mo visit attended
16	visit18	Num	8		18mo visit attended
17	visit24	Num	8		24mo visit attended
18	stress_ind24	Num	8		MESA stress index 24mo
19	urge_ind24	Num	8		MESA urge index 24mo
20	comp6	Num	8		6mo outcomes complete
21	comp12	Num	8		12mo outcomes complete
22	comp18	Num	8		18mo outcomes complete
23	comp24	Num	8		24mo outcomes complete
24	stcomp6	Num	8		6mo stress outcomes complete
25	stcomp12	Num	8		12mo stress outcomes complete
26	stcomp18	Num	8		18mo stress outcomes complete
27	stcomp24	Num	8		24mo stress outcomes complete
28	visit6w	Num	8		6wk visit attended
29	visit3	Num	8		3mo visit attended
30	sling	Num	8		Sling per rando comp
31	ST_FAIL1	Num	8	YESNOFF.	Failed by stress test
32	MESA_FAIL1	Num	8	YESNOFF.	Failed by MESA
33	PAD_FAIL1	Num	8	YESNOFF.	Failed by pad test
34	VD_FAIL1	Num	8	YESNOFF.	Failed by voiding diary
35	SURG_FAIL1	Num	8	YESNOFF.	Failed by surgical retreatment
36	MED_FAIL1	Num	8	YESNOFF.	Failed by medical treatment

Num	Variable	Type	Len	Format	Label
37	BEHAV_FAIL1	Num	8	YESNOFF.	Failed by behavioral treatment
38	DEVICE_FAIL1	Num	8	YESNOFF.	Failed by device treatment
39	OTHER_FAIL1	Num	8	YESNOFF.	Failed by other treatment
40	st_fail_dy1	Num	8		#days btw rand & Stress fail date
41	mesa_fail_dy1	Num	8		#days btw rand & Mesa fail date
42	pad_fail_dy1	Num	8		#days btw rand & Pad fail date
43	vd_fail_dy1	Num	8		#days btw rand & Void diary fail date
44	surg_fail_dy1	Num	8		#days btw rand & Surg retx fail date
45	med_fail_dy1	Num	8		#days btw rand & Meds fail date
46	behav_fail_dy1	Num	8		#days btw rand & Behav fail date
47	device_fail_dy1	Num	8		#days btw rand & Device fail date
48	other_fail_dy1	Num	8		#days btw rand & Other fail date
49	diff_dy	Num	8		#days btw rand & earliest fail date
50	failure	Num	8		Any Overall failure
51	totfails	Num	8		# of types of overall failure
52	totstfail	Num	8		# of types of stress failure
53	stfail	Num	8		Any Stress failure
54	status	Num	8	LTSTATF.	Failure status
55	days	Num	8		Days to failure or censoring
56	visit	Num	8		Visit at failure or censoring
57	st_status	Num	8		Stress failure status
58	days_st	Num	8		Days to stress failure or censoring
59	visit_st	Num	8		Visit at stress failure or censoring
60	fail_worst	Num	8		Failure: lost assumed failed
61	fail_best	Num	8		Failure: lost assumed not failed
62	sfail_worst	Num	8		Stress failure: lost assumed failed
63	sfail_best	Num	8		Stress failure: lost assumed not failed
64	concom	Num	8	CONCOMF.	Concomitant surgery: none/ anterior repair/ other repair/ other
65	concom2	Num	8	CONCOM2F.	Any concomitant surgery
66	upper	Num	8		Later visit for interval censoring overall failure
67	lower	Num	8		Earlier visit for interval censoring overall failure
68	upper_st	Num	8		Later visit for interval censoring stress failure
69	lower_st	Num	8		Earlier visit for interval censoring stress failure
70	AID	Num	8		Subject ID
71	blsite	Char	1		Site code

Data Set Name: random.sas7bdat

Num	Variable	Type	Len	Label
1	slng	Num	8	Randomization group: 1=slng,2=burch
2	AID	Num	8	Subject ID