



**Question by Question Specifications Guide**  
**Form 59: Follow-Up Q-Tip Test**  
**Version 09/06/02 (A)**

**I. Purpose**

The Q-Tip test will be performed post-operatively on all randomized patients at the 12-month, 24-month, 36-month, and 48-month visits. If determined to be a treatment failure, this test will also be completed as part of the Failure Protocol. The Q-Tip test will be used to quantify bladder neck hypermobility.

**II. Administration**

**A. Timing**

In most instances, this Data Form will be completed after the Q-Tip Test has been conducted. Therefore, data will be abstracted from the medical record. The Data Form can also be completed by the examiner after conducting the exam.

**B. Source**

These data should be abstracted from the medical record provided the exam was completed in accordance with the UITN protocol and conducted by a UITN certified examiner.

**C. Certification of UITN Examiners and Data Collectors**

Examiners and Data Collectors must be certified by and registered with the BCC as a UITN Examiner/Data Collector. The obligations of certification are documented in the QA Plan. Data gathered by non-certified persons should not be entered into the UITN DMS.

**D. Instruments and Materials Needed:**

- Robinson Pocket goniometer (7.25", 180° with a 5° increment)
- Sterile cotton or dacron swab
- Lubricating anesthetic jelly

**III. Section by Section Review**

**Section A: General Study Information**

- A1. **Study ID Number:** Affix the patient ID label in the spaces provided in the A1 field and in the upper right-hand corner of each page of the Data Form. At all costs, avoid handwriting ID numbers. Transcription errors are very common when transcribing long numbers, and errors in an eight-digit ID usually cannot be corrected. Furthermore, handwritten numbers are often illegible. Most research studies will not accept handwritten IDs, making the data gathered on such Data Forms unusable.
- A2. **Visit Number:** Circle the correct visit code for the event. If this Data Form is being completed as part of a scheduled UITN study visit, circle the correct visit code. If it is being completed solely because of a treatment failure, circle FAIL.

**Section B: Urethral Hypermobility (Q-Tip Test)**

Refer to the Physical Examination Procedures Manual located in the Manual of Operations for details of how to perform this procedure.

- B1. **Resting Angle:** Record the resting angle.
- B2. **Angle at maximum straining:** Record the angle at maximum straining.
- B3. **Date Exam Completed:** Record the date on which the Q-Tip Test was completed. All dates must be in the format of mm/dd/yyyy.
- B4. **Q-Tip Test Examiner's Initials:** Enter the initials of the examiner who completed the Q-Tip Test. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the examiner doesn't have a middle initial, strike a dash in the second space. If the examiner's last name is hyphenated or s/he has 2 last names, enter the initials of his/her first last name in the third space.
- B5. **Date Abstract Completed:** Record the date on which the abstraction was completed. All dates must be in the format of mm/dd/yyyy.
- B6. **Abstractor's Initials:** Enter the initials of the person abstracting the data. If the examiner is filling out this Data Form, code "-3" for this item. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the abstractor doesn't have a middle initial, strike a dash in the second space. If the abstractor's last name is hyphenated or s/he has 2 last names, enter the initials of his/her first last name in the third space.