



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

A1. STUDY ID#:

LABEL

A2. VISIT #

F/U 6 MONTHS ..... FU06	F/U 12 MONTHS ..... FU12
F/U 18 MONTHS ..... FU18	F/U 24 MONTHS ..... FU24
F/U 30 MONTHS ..... FU30	F/U 36 MONTHS ..... FU36
F/U 42 MONTHS ..... FU42	F/U 48 MONTHS ..... FU48
F/U 54 MONTHS ..... FU54	F/U 60 MONTHS ..... FU60
F/U 66 MONTHS ..... FU66	F/U 72 MONTHS ..... FU72
F/U 78 MONTHS ..... FU78	F/U 84 MONTHS ..... FU84
FAILURE ..... FAIL	

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

A4. Initials of Person Completing This Form: \_\_\_\_  
 (Certified Surgeon)

**SECTION B: PATIENT COMPLICATIONS OR SYMPTOMS**

B1. Upon review of Data Form 51, does the patient report any pain that she feels is related to the index surgery for urinary incontinence?

YES ..... 1

NO ..... 2 → **SKIP TO B2**

B1a. Do you judge this pain to be related to the index surgery for urinary incontinence?

YES ..... 1

NO ..... 2 → **SKIP TO B2**

B1b. Were there any treatments given for this complication?

YES ..... 1

NO ..... 2 → **SKIP TO B2**

B1c. Describe this/these treatments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B2. Based upon the patient’s medical history and a review of Data Form 51 is there new or continuing evidence of...

	YES	NO
a. ... urinary retention (defined as catheter use <u>or</u> use of medication to enhance voiding <u>or</u> PVR >150cc) .....	1	2
b. ... vaginal prolapse? .....	1	2
c. ... de novo urge incontinence? .....	1	2
d. ... persistent urge incontinence.....	1	2
e. ... stress urinary incontinence?.....	1	2

B3. Did you code “YES” to any of B2a-e?

- YES ..... 1
- NO ..... 2     **➔ SKIP TO B5**

B4. Is there evidence of, or does the patient report, any **new or continuing** treatment for any of the problems in B2a-e?

- YES ..... 1     **➔ COMPLETE DATA FORM 93: REINTERVENTION OR TREATMENT**
- NO ..... 2

B5. Is there evidence or does the patient report any **other** symptom or complication related to her incontinence surgery?

- YES ..... 1
- NO ..... 2     **➔END**

B5a. Describe any other symptom or complication related to her incontinence surgery: \_\_\_\_\_

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