



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # F/U 24 MONTHSFU24
 F/U 48 MONTHS.....FU48
 F/U 72 MONTHS.....FU72
 FAILURE.....FAIL

F/U 36 MONTHS.... FU24
 F/U 60 MONTHS.... FU60
 F/U 84 MONTHS.... FU84

A3. Date Form Completed: ___ / ___ / ___
 MONTH DAY YEAR

A4. Initials of the Person Completing This Form: ___ ___

A5. Which version of this Form was used? ENGLISH 1
 SPANISH..... 2

SECTION B: ANTHROPOMETRIC MEASURES

B1. Height: ___ inches

B2. Weight: ___ lbs

SECTION C: NEWLY DIAGNOSED HEALTH CONDITIONS

This section includes questions about conditions that you may now have.

†SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT & RECORD, 4 = SITE PI, 5 = PT REPORT AND SENT FOR MR. ↓

DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY OF THE FOLLOWING CONDITIONS? ASK, "Since your UITN surgery..."		YES	NO	a. SOURCE CODE†
C1.	...do you consistently use a wheel chair to get around?	1	2	
C2.	...have you been diagnosed with cancer of the lower urinary tract (includes bladder cancer)?	1	2	
C3.	...have you had pelvic radiation therapy for any reason?	1	2	
C4.	...have you received chemotherapy or radiation for any reason?	1	2	
C5.	...have you been diagnosed with urethral diverticulum (pocket or outpouching in the urethra)?	1	2	
C6.	...have you had augmentation cystoplasty (surgical expansion of the bladder) or an artificial urethral sphincter?	1	2	
C7.	...have you had nerve stimulators implanted for urinary symptoms?	1	2	
C8.	...have you been diagnosed with Parkinson's Disease?	1	2	
C9.	...have you been diagnosed with Multiple Sclerosis?	1	2	
C10.	...have you been diagnosed with spina bifida?	1	2	
C11.	...have you had a spinal cord injury or trauma?	1	2	
C12.	...have you been diagnosed with diabetes?	1	2	