



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # Baseline Assessment.....BASE

A3. Is this a repeat measure due to a previously expired measure?

YES1 →SKIP TO REPEAT MEASURES *Section E, Section G and Section H

NO.....2

SECTION B: ANTHROPOMETRIC MEASURES

B1. Height in inches: _____ inches

B2. Weight in pounds: _____ lbs

SECTION C: DIRECTED NEUROLOGICAL EXAM

C1. Deep Tendon Reflex Knee Normal..... 1 Abnormal..... 2

C2. Perineal Sensation Normal..... 1 Decreased 2

C3. Anal Sphincter Voluntary Contractions Normal..... 1 Decreased 2

C4. Date exam completed: _____ / _____ / _____
Month Day Year

C5. Directed neuro examiner's initials: _____

C6. Date abstract completed: _____ / _____ / _____
Month Day Year

C7. Abstractor's initials: _____
(IF ABTRACTOR = EXAMINER, CODE -3)

SECTION D: PUBOCOCCYGEUS CONTRACTION ASSESSMENT

PARAMETER	RATING DESCRIPTION
D1. Pressure	No response; cannot perceive on finger surface 1 Weak squeeze; felt as a flick at various points along finger surface; not all the way around..... 2 Moderate squeeze; felt all the way around finger surface 3 Strong squeeze 4
D2. Duration	_____ • _____ seconds
D3. Displacement of vertical plane	None..... 1 Fingertips may move anteriorly (pushed up by muscle bulk)..... 2 Whole length of fingers move anteriorly 3 Whole fingers move anteriorly; are gripped and pulled in 4

D4. Date PC assessment completed: _____ / _____ / _____
Month Day Year

D5. PC assessment examiner's initials: _____

D6. Date abstract completed: _____ / _____ / _____
Month Day Year

D7. Abstractor's initials: _____
 (IF ABTRACTOR = EXAMINER, CODE -3)

SECTION F: URETHRAL HYPERMOBILITY (Q-TIP TEST)

F1. Resting Angle: _____ °

F2. Angle at maximum straining: _____ °



ELIGIBLE IF: F1 or F2 > 30°

INELIGIBLE IF: F1 and F2 ≤ 30°

F3. Based on this Q-tip test, is the woman **eligible** to continue with the screening assessment?

YES..... 1

NO..... 2 → INELIGIBLE

F4. Date Q-tip test completed: _____ / _____ / _____
Month Day Year

F5. Q-tip test examiner's initials: _____

F6. Date abstract completed: _____ / _____ / _____
Month Day Year

F7. Abstractor's initials: _____
(IF ABTRACTOR = EXAMINER, CODE -3)

SECTION G: ASA ASSESSMENT AND OTHER ELIGIBILITY CONSIDERATIONS

*G1. Based on your clinical judgment, is the patient ASA Class I, II or III?

YES..... 1

NO..... 2 → INELIGIBLE

*G2. Based on your examination, will it be possible to harvest the autologous rectus fascia for a sling procedure?

YES..... 1

NO..... 2 → INELIGIBLE

*G3. Based on your examination, is there evidence of...

	YES	NO
a. ...current (or previously repaired) urethral diverticulum?	1	2
b. ...prior augmentation cystoplasty or artificial sphincter?.....	1	2
c. ...current pregnancy?	1	2

*G4. Did you code "YES" to any of the items in G3?

YES..... 1 → INELIGIBLE

NO..... 2

*G5. Date assessment completed: ___/___/___
Month Day Year

*G6. ASA/Eligibility examiner's initials: _____

*G7. Date abstract completed: ___/___/___
Month Day Year

*G8. Abstractor's initials: _____
(IF ABTRACTOR = EXAMINER, CODE -3)

SECTION H: ELIGIBILITY SUMMARY

*H1. Does the patient meet all eligibility criteria as required in this form?

(Review codes to items F1, F2, F3, G1, G2, G3 and G4)

YES 1 → **CONTINUE SCREENING**

NO 2 → **INELIGIBLE; END SCREENING**

*H2. Date eligibility determination completed: _____ / _____ / _____
Month Day Year

*H3. Initials of person completing eligibility determination: _____