



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

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

SECTION B: BASELINE STRESS TEST

B1. Did the patient demonstrate SUI at a bladder volume ≤ 300 ml during the Stress Test?

YES..... 1 → **SKIP TO B3**

NO 2 **INELIGIBLE**

B2. **NEGATIVE STRESS TEST:** Record the **highest** bladder volume at which Stress Test was performed.

___ ml → **SKIP TO B4** (VOLUME MUST BE ≥ 300 ml or = MCC if MCC is < 300 ml)

B3. **POSITIVE STRESS TEST:** Record the **lowest** bladder volume at which SUI occurred.

___ ml (VOLUME MUST BE ≤ 300 ml)

B3a. Did SUI occur at this lowest bladder volume ...	YES	NO	NOT TESTED
i. ...with Valsalva in a supine position?.....	1	2	3
ii. ...with cough in a supine position?.....	1	2	3
iii. ...with Valsalva in a standing position?	1	2	3
iv. ...with cough in a standing position?.....	1	2	3

B4. Post void residual: ___ ml

INELIGIBLE IF STRESS TEST PVR AND UDS PVR > 150 ml WITH POP-Q STAGE 0 OR I

(Repeat if > 150 ml w/ POPQ Stage 0 or I)

B4a. Did SUI occur at this PVR in the **post-void supine** Stress Test.....

	YES	NO
i. ...with Valsalva?	1	2
ii. ...with cough?.....	1	2

B5. Was it necessary to reduce a Stage III or IV anterior prolapse to complete this Stress Test?

YES..... 1

NO 2

B6. Date Stress Test completed: ___ / ___ / ___
Month Day Year

B7. Stress Test examiner's initials: ___

B8. Date abstract completed: ___ / ___ / ___
Month Day Year

B9. Abstractor's initials: ___
(IF ABTRACTOR = EXAMINER, CODE -3)

SECTION C: ELIGIBILITY SUMMARY

DETERMINE IF THE PATIENT IS STILL ELIGIBLE BASED ON THE STRESS TEST.

THE PATIENT IS NOT ELIGIBLE IF:

- Her Stress Test is negative at a bladder volume of ≤ 300 ml (B1 & B2)
- Her UDS PVR (FM05, B6) and Stress Test PVR (B4) > 150 ml with POP-Q Stage 0 or I

C1. Does the patient meet all eligibility criteria as required in this form?

Review items **B1, B2, & B4.**

YES 1 → CONTINUE SCREENING

NO 2 → INELIGIBLE

C2. Date eligibility determination completed: _____ / _____ / _____
Month Day Year

C3. Initials of person completing eligibility determination: _____