

Section A: General Study Information for Office Use Only:

<p>A1. Study ID#: LABEL</p> <p>A2. Visit: FAILURE.....FAIL</p> <p>A3. Date Form Completed: ____/____/____ <small>Month Day Year</small></p> <p>A4. Initials of Person Completing this Form: _____</p> <p>A5. Is this Treatment Failure associated with a UITN study visit? YES.....1 NO.....2 ➔ SKIP TO B1</p>	<p>A6. With which visit is this failure associated?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">F/U 06 MONTH.....FU06</td> <td style="width:50%;">F/U 12 MONTHS.....FU12</td> </tr> <tr> <td>F/U 18 MONTHSFU18</td> <td>F/U 24 MONTHS.....FU24</td> </tr> <tr> <td>F/U 30 MONTHS.....FU30</td> <td>F/U 36 MONTHS.....FU36</td> </tr> <tr> <td>F/U 42 MONTHS.....FU42</td> <td>F/U 48 MONTHS.....FU48</td> </tr> <tr> <td>F/U 54 MONTHS.....FU54</td> <td>F/U 60 MONTHS.....FU60</td> </tr> <tr> <td>F/U 66 MONTHS.....FU66</td> <td>F/U 72 MONTHS.....FU72</td> </tr> <tr> <td>F/U 78 MONTHS.....FU78</td> <td>F/U 84 MONTHS.....FU84</td> </tr> </table>	F/U 06 MONTH.....FU06	F/U 12 MONTHS.....FU12	F/U 18 MONTHSFU18	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
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SECTION B: TREATMENT FAILURE

Circle yes or no for each answer:

	YES	NO
B1. Positive Stress Test.....	1↓	2
B1a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B2. Self-reported stress-type UI symptoms [MESA].....	1↓	2
B2a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B3. Positive Pad Test.....	1↓	2
B3a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B4. Self-reported leakage by the 3-day Voiding Diary.....	1↓	2
B4a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B5. Surgical retreatment for SUI.....	1↓	2
B5a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B6. Pharmacologic treatment for SUI.....	1↓	2
B6a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B7. Behavioral treatment for SUI.....	1↓	2
B7a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B8. Device treatment for SUI.....	1↓	2
B8a. Date of Failure: ____/____/____ <small>Month Day Year</small>		
B9. Other treatment for SUI.....	1↓	2
B9a. Specify: _____ ↓		
B9b. Date of Failure: ____/____/____ <small>Month Day Year</small>		

Principal Investigator's Signature: _____ Date: ____/____/____
Month Day Year