



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

A1. Study ID#:

Label

A2. Visit #

F/U 12 MONTHS .... FU12

F/U 24 MONTHS ....FU24

F/U 36 MONTHS.... FU36

F/U 48 MONTHS ....FU48

FAILURE..... FAIL

**SECTION B: URETHRAL HYPERMOBILITY (Q-TIP TEST)**

B1. Resting Angle: \_\_\_\_\_ °

B2. Angle at maximum straining: \_\_\_\_\_ °

B3. Date Q-Tip Test Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

B4. Q-Tip Test Examiner's Initials: \_\_\_\_\_

B5. Date Abstract Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

B6. Abstractor's Initials: \_\_\_\_\_  
(IF ABSTRACTOR = EXAMINER, CODE -3)