



Section A: General Study Information for Office Use Only:

A1. STUDY ID#:

LABEL

A2. VISIT #

F/U 6 MONTHS FU06	F/U 12 MONTHS FU12
F/U 18 MONTHS FU18	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
FAILURE FAIL	

A3. DATE INTERVIEW COMPLETED: ____/____/____
MONTH DAY YEAR

A4. INTERVIEWER'S INITIALS: _____

A5. INTERVIEW TYPE: IN-PERSON 1
 TELEPHONE 2

A6. WHICH FORM VERSION WAS USED? ENGLISH 1
 SPANISH 2

SECTION B: THE MESA INTERVIEW

This first set of questions asks about symptoms you may currently have related to urine leakage. For each question that I ask, please tell me the response that best represents how frequently you currently experience the symptom.

MESA PART I	Never	Rarely	Sometimes	Often
B1. Does coughing gently cause you to lose urine? (Would you say..)	0	1	2	3
B2. Does coughing hard cause you to lose urine? (Would you say...)	0	1	2	3
B3. Does sneezing cause you to lose urine?	0	1	2	3
B4. Does lifting things cause you to lose urine?	0	1	2	3
B5. Does bending cause you to lose urine?	0	1	2	3
B6. Does laughing cause you to lose urine?	0	1	2	3
B7. Does walking briskly or jogging cause you to lose urine?	0	1	2	3
B8. Does straining, if you are constipated, cause you to lose urine?	0	1	2	3
B9. Does getting up from a sitting to a standing position cause you to lose urine?	0	1	2	3

B10. DID THE PATIENT ANSWER "SOMETIMES OR OFTEN" TO ANY OF THE ITEMS IN B1 – B9?

YES..... 1

→FAILURE; COMPLETE FAILURE PROTOCOL

NO..... 2

MESA PART II	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
B11. Some women receive very little warning and suddenly find that they are losing, or are about to lose urine beyond their control. How often does this happen to you? (Would you say....)	0	1	2	3
B12. If you can't find a toilet or find that the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine or wetting yourself? (Would you say....)	0	1	2	3
B13. Do you lose urine when you suddenly have the feeling that your bladder is very full?	0	1	2	3
B14. Does washing your hands cause you to lose urine?	0	1	2	3
B15. Does cold weather cause you to lose urine?	0	1	2	3
B16. Does drinking cold beverages cause you to lose urine?	0	1	2	3

SECTION C: ASSESSMENT OF OTHER PHYSICAL SYMPTOMS

IDENTIFY THE REFERENCE DATE FOR USE IN SECTIONS C AND D:

DATE OF THE UITN INDEX SURGERY FROM THE VCS

_____ / _____ / _____
 Month Day Year

The next set of questions asks about urinary and bowel symptoms you might currently be experiencing.

- C1. Compared to before your surgery for urinary incontinence on (DATE OF SURGERY), have you had an increase in your frequency of urination?
- YES..... 1
- NO..... 2
-
- C2. Compared to before your surgery for urinary incontinence on (DATE OF SURGERY), do you now have sudden urges to urinate or an increased need to rush to the bathroom when you get the urge to urinate?
- YES..... 1
- NO..... 2

C3. Do you currently use a catheter to empty your bladder?

YES..... 1

NO..... 2 ➔ SKIP TO C4

- C3a. How often? Always 1
- More than once per day 2
- Once per day 3
- Less than daily..... 4

C4. Do you **currently** have to...

	YES	NO
a. ... strain to urinate?	1	2
b. ... bend forward to urinate?	1	2
c. ... lean back to urinate?	1	2
d. ... stand up to urinate?	1	2
e. ... press on your bladder to urinate?	1	2
f. ... push on the vagina or perineum to empty your bladder?	1	2
g. ... do anything else to urinate?	1↓	2

C4h. If yes, describe: _____

C5. Would you describe your **current** urine stream as...

	YES	NO
a. ... a steady stream of urine?	1	2
b. ... a slow stream of urine?	1	2
c. ... a spurting, splitting or spraying stream of urine?	1	2
d. ... a hesitating stream of urine (stops and starts)?	1	2
e. ... dribbling after you have finished urinating?	1	2
f. ... some other description?	1↓	2

C5g. If yes, describe: _____

C6. How would you describe the **time it takes** to urinate now, compared to before your surgery for urinary incontinence on (DATE OF SURGERY)? Would you say there's been no change, or does it seem to take more time or less time to urinate now compared to before surgery ?

NO CHANGE 1

TAKES MORE TIME 2

TAKES LESS TIME 3

C7. How bothered are you by the way you now urinate compared to how you urinated prior to your surgery for urinary incontinence on (DATE OF SURGERY)? Would you say...

Not at all bothered..... 1

Slightly bothered..... 2

Moderately bothered..... 3

Greatly bothered 4

C8. Have you experienced any bulging or protrusion in the vaginal area since your surgery for urinary incontinence on (DATE OF SURGERY)?

YES..... 1

NO..... 2

Next I have some questions about your bowel movements.

C9. Are you currently taking stool softeners?

YES..... 1

NO..... 2

C10. Do you currently have to strain to have a bowel movement?

YES..... 1

NO..... 2➔ **SKIP TO C11**

C10a. How **often** do you have to strain to have a bowel movement? Would you say....

Less than or equal to 25% of the time? 1

More than 25% of the time? 2

C11. Do you currently have leaking or loss of control of gas?

YES..... 1

NO..... 2➔ SKIP TO C12

C11a. How **often** does this happen? Would you say....

less than once a month?..... 1

more than once a month but less than once a week?..... 2

more than once a week but less than every day?..... 3

every day?..... 4

C12. Do you currently have leaking or loss of control of liquid stool?

YES..... 1

NO..... 2➔ SKIP TO C13

C12a. How **often** does this happen? Would you say....

less than once a month?..... 1

more than once a month but less than once a week?..... 2

more than once a week but less than every day?..... 3

every day?..... 4

C13. Do you currently have leaking or loss of control of solid stool?

YES..... 1

NO..... 2➔ SKIP TO SECTION D

C13a. How **often** does this happen? Would you say....

less than once a month?..... 1

more than once a month but less than once a week?..... 2

more than once a week but less than every day?..... 3

every day?..... 4

SECTION D: STATUS OF PAIN AND PAIN MANAGEMENT

These next few questions are about pain and pain management.

D1. Do you take medication(s) specifically for pain related to your surgery for urinary incontinence?

YES..... 1 → **SKIP TO D3**

***Current medications must be recorded on the Medication Audit completed for this visit.**

NO..... 2

D2. Do you have any physical pain that you feel is directly related to your surgery for urinary incontinence?

YES..... 1

NO..... 2 → **SKIP TO SECTION E**

D3. Using a 10-point rating scale, where 0 is '*no pain*' and 10 is the '*worst possible pain*', tell me how you would rate that pain. Remember, we want to know about pain that you feel is directly related to your surgery for urinary incontinence. (CIRCLE ONE)

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Possible Pain

SECTION E: HEALTH SERVICES UTILIZATION

E1. DOES THE PATIENT REPORT, OR IS THERE EVIDENCE, OF ANY **PHYSICIAN VISITS, EMERGENCY ROOM VISITS, HOSPITAL ADMISSIONS OR OTHER PELVIC SURGERIES** SINCE THE LAST STUDY VISIT? ASK,

Have you seen a doctor (nurse practitioner, physician’s assistant), been to the emergency room, been admitted to the hospital or had any other pelvic surgery for a reason that might be related to your incontinence surgery since your last visit? Think of some complications you may have had such as UTI, inability to urinate, episodes of incontinence, bulging or protrusion in the vagina.

YES..... 1

NO..... 2 → END

E1a. If yes, specify: _____

E2. DOES THE PATIENT REPORT, OR IS THERE EVIDENCE OF, ANY **TREATMENT FOR THIS/THESE PROBLEM(S)** SINCE THE LAST STUDY VISIT? ASK,

Have you had any treatment for any of these problems? Think of medications you've been prescribed or any procedures you've had.

YES 1 → REMINDER: DOCUMENT ON DATA FORM 52

NO 2 → END