



Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit #:

F/U 6 MONTHSFU06

F/U 24 MONTHSFU24

F/U 48 MONTHSFU48

F/U 12 MONTHSFU12

F/U 36 MONTHSFU36

FAILUREFAIL

SECTION B: FOLLOW-UP STRESS TEST

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

YES..... 1 → **FAILURE; COMPLETE FAILURE PROTOCOL**

NO 2 → **SKIP TO B3**

B2. **POSITIVE STRESS TEST:** Record the **lowest** bladder volume at which SUI occurred.

_____ ml (VOLUME MUST BE ≤ 300 ml)

B2a. Did SUI occur at this **lowest** bladder volume ...

YES	NO	NOT TESTED
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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↓

SKIP TO B4

B3. **NEGATIVE STRESS TEST:** Record the **highest** bladder volume at which Stress Test was performed.

_____ ml (VOLUME MUST BE ≥ 300 ml or = MCC if MCC is < 300 ml)

B4. Post void residual: _____ ml

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

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

ii. ...with cough?..... 1 2

B5. Was this Stress Test data obtained by reducing a Stage III or IV anterior prolapse?

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)