

SECTION A: GENERAL INFORMATION

A1. Study ID#: A2. Visit # E-TOMUSETOM

A3. Date Form Completed: ____ / ____ / ____
Month Day Year A4. Study Staff Initials: ____

SECTION B: STUDY STATUS

B1. Was the patient surgically retreated for SUI during TOMUS? No

Yes 1 ➔END FORM/INELIGIBLE

No 2

TMUS_RETREA T	Frequency	Percent	Cum Freq	Cum Percent
1: Yes	22	3.84	22	3.84
2: No	551	96.16	573	100.00

B2. Did the patient consent to participate in E-TOMUS?

Yes 1↓

PARTICIPATE	Frequency	Percent	Cum Freq	Cum Percent
.	22	.	.	.
1: Yes	391	70.96	391	70.96
2: No, patient refused	44	7.99	435	78.95
3: No, unable to contact patient	72	13.07	507	92.01
4: No, patient refused any futur	17	3.09	524	95.10
5: No, other reason	27	4.90	551	100.00

Frequency Missing = 22

B2a. Date E-TOMUS consent signed: ____ / ____ / ____ ➔ **END FORM**
 Month Day Year

Analysis Variable : rando_dt_E_CONS_D								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
391	182	-919.9	195.9	-1520	-1107	-795.0	-741.0	-680.0

No, patient refused 2 ➔ **SKIP TO B3**

No, unable to contact patient 3 ➔ **SKIP TO B3**

No, patient refused any future contact when TOMUS consent was withdrawn..... 4 ➔ **SKIP TO B3**

No, other reason 5↓

Specify other: _____ ➔ **SKIP TO B3**

B3. Date of last contact with the patient: ____ / ____ / ____

Analysis Variable : rando_dt_CONTACT_D								
N	Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
160	413	-605.9	318.8	-1347	-785.5	-726.0	-354.0	-17.0