

**Data Set Name: etomus\_longitudinal.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	COND_NOW	Num	8	X578F.	3.	F307: C1. Number that best describes how your urinary tract condition
3	SIX_MONTHS	Num	8	X726F.	3.	F307: F1. Have you engaged in sexual activities with partner: 6 months
4	PAIN_SEX	Num	8	X460F.	3.	F307: G5. Do you feel pain during sexual intercourse?
5	udi_o	Num	8			Obstructive Symptoms
6	udi_i	Num	8			Irritative Symptoms
7	udi_s	Num	8			Stress Symptoms
8	udi_tot	Num	8			Total UDI
9	iiq_a	Num	8			Activity
10	iiq_t	Num	8			Travel
11	iiq_so	Num	8			Social
12	iiq_e	Num	8			Emotional
13	iiq_tot	Num	8			Total IIQ
14	iciq	Num	8			ICIQ:International Consultation on Incontinence Questionnaire
15	visit	Char	4	\$4.	\$4.	F357: A2. Visit
16	time	Num	8			Ordinal visit indicator
17	pgi_s	Num	8			Patient global impression - severity
18	SURG_AGAIN	Num	8	X738F.	3.	F347: B8. Would you still have the surgery
19	SURG_REC	Num	8	X738F.	3.	F347: B9. Would you recommend this surgery
20	pgi_i	Num	8			Patiet global impression - improvement
21	ur_leak_satif	Num	8			Satisfaction with urniary leakage
22	ur_urin_satif	Num	8			Satisfaction with urgency
23	freq_urin_satif	Num	8			Satisfaction with urinary frequency
24	phy_act_satif	Num	8			Satisfaction with physical activity
25	soc_act_satif	Num	8			Satisfaction with social activities
26	sex_act_satif	Num	8			Satisfaction with sexual activity
27	emotions_satif	Num	8			Satisfaction with emotions
28	ASSIGNMENT	Char	1	\$1.	\$1.	ASSIGNMENT

*Data Set Name: f370.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	TMUS_RETREAT	Num	8	YNF.	3.	F370: B1. Was the patient surgically retreated for SUI during TOMUS?
2	PARTICIPATE	Num	8	X743F.	3.	F370: B2. Did the patient sign consent to participate in E-TOMUS?
3	AID	Num	8			Subject ID
4	rando_dt_E_CONS_D	Num	8			F370: B2a. Randomization Date to Date of E-TOMUS signed consent
5	rando_dt_CONTACT_D	Num	8			F370: B3. Randomization Date to Date of last contact with the patient

**Data Set Name: f371.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F371: A2. Visit
2	MESA_STR_1	Num	8	NRSOF.	3.	F371: B1. Does coughing gently cause you to lose urine
3	MESA_STR_2	Num	8	NRSOF.	3.	F371: B2. Does coughing hard cause you to lose urine
4	MESA_STR_3	Num	8	NRSOF.	3.	F371: B3. Does sneezing cause you to lose urine
5	MESA_STR_4	Num	8	NRSOF.	3.	F371: B4. Does lifting things cause you to lose urine
6	MESA_STR_5	Num	8	NRSOF.	3.	F371: B5. Does bending cause you to lose urine
7	MESA_STR_6	Num	8	NRSOF.	3.	F371: B6. Does laughing cause you to lose urine
8	MESA_STR_7	Num	8	NRSOF.	3.	F371: B7. Does walking briskly or jogging cause you to lose urine
9	MESA_STR_8	Num	8	NRSOF.	3.	F371: B8. Does straining cause you to lose urine
10	MESA_STR_9	Num	8	NRSOF.	3.	F371: B9. Does getting up from sitting cause you to lose urine
11	MESA_URG_1	Num	8	NRSOF.	3.	F371: B10. Urge symptoms: Little warning
12	MESA_URG_2	Num	8	NRSOF.	3.	F371: B11. Urge symptoms: Wetting self
13	MESA_URG_3	Num	8	NRSOF.	3.	F371: B12. Urge symptoms: Sudden bladder full
14	MESA_URG_4	Num	8	NRSOF.	3.	F371: B13. Urge symptoms: Washing hands
15	MESA_URG_5	Num	8	NRSOF.	3.	F371: B14. Urge symptoms: Cold weather
16	MESA_URG_6	Num	8	NRSOF.	3.	F371: B15. Urge symptoms: Drinking cold beverages
17	FREQUEN_URIN	Num	8	X739F.	3.	F371: C1. Compared to before surgery for urinary incontinence, did you have an increased frequency of urination
18	STRAIN_UR	Num	8	X739F.	3.	F371: C2a. Do you currently: strain to urinate
19	BEND_UR	Num	8	X739F.	3.	F371: C2b. Do you currently: bend forward to urinate
20	LEAN_UR	Num	8	X739F.	3.	F371: C2c. Do you currently: lean back to urinate
21	STAND_UR	Num	8	X739F.	3.	F371: C2d. Do you currently: stand up to urinate
22	PRESS_UR	Num	8	X739F.	3.	F371: C2e. Do you currently: press on your bladder
23	PUSH_UR	Num	8	X739F.	3.	F371: C2f. Do you currently: push on the vagina
24	OTH_ACC_UR	Num	8	X739F.	3.	F371: C2g. Do you currently: do anything else
25	URINE_BOTHER	Num	8	X592F.	3.	F371: C3. How bothered are you by the way you urinate?
26	STEADY_STR	Num	8	X739F.	3.	F371: C4a. Would you describe urine stream as: a steady stream
27	SLOW_STR	Num	8	X739F.	3.	F371: C4b. Would you describe urine stream as: slow stream
28	SPURT_STR	Num	8	X739F.	3.	F371: C4c. Would you describe urine stream as: a spurting, spraying
29	HESIT_STR	Num	8	X739F.	3.	F371: C4d. Would you describe urine stream as: a hesitating stream
30	DRIB_STR	Num	8	X739F.	3.	F371: C4e. Would you describe urine stream as: dribbling
31	OTH_STR	Num	8	X739F.	3.	F371: C4f. Would you describe urine stream as: some other
32	INC_BLADDER	Num	8	X739F.	3.	F371: C5. Do you currently experience a feeling of incomplete emptying
33	UR_TIME	Num	8	X568F.	3.	F371: C6. How would you describe the time it takes to urinate now?
34	CATH_EMPTY	Num	8	X739F.	3.	F371: C7. Have you used a catheter to empty your bladder since last study visit
35	CATH_EMP_OFT	Num	8	X551F.	3.	F371: C7a. How often to you use a catheter

Num	Variable	Type	Len	Format	Informat	Label
36	ONE_UTI	Num	8	X739F.	3.	F371: D1a. Have you had more than 1 urinary tract infection in the past year
37	VAG_DISC_BLE	Num	8	X739F.	3.	F371: D1b. Have you had any vaginal discharge or bleeding that was concerning to you in the past year
38	BLEED_INTERC	Num	8	X751F.	3.	F371: D1c. Bleeding after intercourse in the past year
39	PAIN_INTERC	Num	8	X751F.	3.	F371: D1d. Have you had pain during vaginal intercourse in the past year
40	PART_PAIN	Num	8	X751F.	3.	F371: D1e. Has your partner complained of pain during vaginal intercourse in the past year
41	BLOOD_URINE	Num	8	X739F.	3.	F371: D1f. Noticed blood in urine in the past year
42	PHYS_PAIN	Num	8	X739F.	3.	F371: D1g. Have you had any physical pain that you feel is directly related to study surgery in the past year
43	PHYS_VISIT	Num	8	X739F.	3.	F371: E1. Have you seen a doctor for reason related to TOMUS surgery
44	ER_VISIT	Num	8	X739F.	3.	F371: E3. Have you been to the emergency room for any reason
45	NEW_SURG	Num	8	X739F.	3.	F371: E5. Have you had abdominal or pelvic surgery since TOMUS
46	HOS_ADMIT	Num	8	X739F.	3.	F371: E7. Have you been hospitalized for any other reason
47	AID	Num	8			Subject ID

**Data Set Name: f372.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F372: A2. Visit #
2	TX_VOID_DYS	Num	8	X739F.	3.	F372: B1. Did patient receive new treatment for voiding dysfunction
3	PRO_TREAT	Num	8	X739F.	3.	F372: B2. Did patient receive new treatment for vaginal prolapse
4	EVD_URGE	Num	8	X739F.	3.	F372: B3. Evidence of new/continuing urge incontinence
5	URGSYM_PRSRG	Num	8	X730F.	3.	F372: B3a. Did patient have urge incontinence symptoms prior to TOMUS
6	TXURGE_PRSRG	Num	8	X731F.	3.	F372: B3b. Treatment for urge incontinence prior to TOMUS
7	TXURGE_IVIS	Num	8	X739F.	3.	F372: B4. New tx for urge incontinence since last visit
8	URGE_MED	Num	8	X739F.	3.	F372: B4ai. Medication
9	URGE_BIOFD	Num	8	X739F.	3.	F372: B4aiv. Biofeedback
10	EVD_SUI	Num	8	X739F.	3.	F372: B5. Recurrent stress urinary incontinence since last visit
11	TX_SUI	Num	8	X739F.	3.	F372: B5a. New/continuing treatment for recurrent SUI since last visit
12	SUI_BURCH	Num	8	X739F.	3.	F372: B5bi. Burch colposuspension
13	SUI_TIGHT	Num	8	X739F.	3.	F372: B5biii. Tightening of previous sling
14	SUI_NEED_SUS	Num	8	X739F.	3.	F372: B5biv. Needle suspension (Raz, Pereyra, Stamey, Gittes, etc.)
15	SUI_PLIC	Num	8	X739F.	3.	F372: B5bv. Suburethral plication
16	SUI_SURG_OTH	Num	8	X739F.	3.	F372: B5bvii. Other surgical treatment
17	SUI_ALPHA	Num	8	X739F.	3.	F372: B5bviii. Alpha-agonists
18	SUI_PHAR_OTH	Num	8	X739F.	3.	F372: B5bix. Other pharmacologic treatment
19	SUI_ANY_OTH	Num	8	X739F.	3.	F372: B5bxii. Any other treatment
20	AE_LSTVIS	Num	8	X739F.	3.	F372: C1. Any adverse events since last study visit
21	AID	Num	8			Subject ID

**Data Set Name: f373.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
1	VISIT	Char	4	\$4.	\$4.	F373: A2. Visit #
2	MED_DIS_ADD	Num	8	X739F.	3.	F373: B1. Since the last audit, taken any incontinence medication?
3	DIS_INC	Num	8	X739F.	3.	F373: B2. Discontinuation or change in frequency of incontinence meds?
4	ADD_INC	Num	8	X739F.	3.	F373: B3. Additions to incontinence medications since last visit?
5	AID	Num	8			Subject ID

**Data Set Name: f374.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F374: A2. Visit #:
2	WEIGHT	Num	8		4.	F374: B2. Weight in pounds:
3	DIPSTICK_1	Num	8	X739F.	3.	F374: C1. Negative urine dipstick obtained prior to the visit?
4	CATHETER	Num	8	X739F.	3.	F374: C2. Was catheterized specimen obtained and dipstick repeated?
5	DIPSTICK_2	Num	8	X739F.	3.	F374: C3. Was result negative for leukocytes and nitrites?
6	POPQ_AA	Num	8		6.1	F374: D1. Aa anterior wall 3 cm from external urethral meatus
7	POPQ_BA	Num	8		6.1	F374: D2. Ba most dependent part of anterior wall
8	POPQ_C	Num	8		6.1	F374: D3. C cervix or vaginal cuff
9	POPQ_D	Num	8	POPQDF.	6.1	F374: D4. D posterior fornix (if no prior total hyst)
10	POPQ_AP	Num	8		6.1	F374: D5. Ap posterior wall 3 cm from hymen
11	POPQ_BP	Num	8		6.1	F374: D6. Bp most dependent part of posterior wall
12	POPQ_GH	Num	8		6.1	F374: D7. GH genital hiatus
13	POPQ_PB	Num	8		6.1	F374: D8. PB perineal body
14	POPQ_TVL	Num	8		6.1	F374: D9. TVL total vaginal length
15	PRO_STAGE	Num	8	X684F.	3.	F374: D10. Record Prolapse Stage:
16	PVR	Num	8		5.	F374: E1. PVR in mL:
17	PVR_METHOD	Num	8	X475F.	3.	F374: E2. Assessed by which method?
18	MESH_EXPO	Num	8	X739F.	3.	F374: F1. Is there any evidence of TOMUS surgery mesh exposure?
19	MESH_ERO	Num	8	X739F.	3.	F374: F2. Is there any evidence of TOMUS surgery mesh erosion?
20	MESH_PAIN	Num	8	X752F.	3.	F374: F3. Does patient have pain with TOMUS surgery-related mesh AE?
21	AID	Num	8			Subject ID
22	HEIGHT_NEW	Char	4			

**Data Set Name: f376.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F376: A2. Visit #:
2	ASTHMA	Num	8	X739F.	3.	F376: B5. Do you have asthma?
3	ASTHMA_MED	Num	8	X739F.	3.	F376: B5a. Do you take medicines for your asthma?
4	ASTH_MED_FRE	Num	8	X766F.	3.	F376: B5b. Do you take these medicines...
5	LUNG_DIS	Num	8	X739F.	3.	F376: B6. Emphysema, chronic bronchitis, or chronic lung disease?
6	DIABETES	Num	8	X739F.	3.	F376: B8. Do you have diabetes (high blood sugar)?
7	DIAB_DIET	Num	8	X739F.	3.	F376: B8ai. Diabetes treated: by modifying your diet?
8	DIAB_MED	Num	8	X739F.	3.	F376: B8aii. Diabetes treated: by taking medications by mouth?
9	OTH_CANCER	Num	8	X739F.	3.	F376: B13e. Cancer, other than skin cancer, leukemia, or lymphoma
10	AID	Num	8			Subject ID



**Data Set Name: f377.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F377: A2. Visit
2	UR_LEAK	Num	8	X482F.	3.	F377: B1. Urine leakage
3	UR_URIN	Num	8	X482F.	3.	F377: B2. An urgency to urinate fear not making it to the bathroom
4	FREQ_URIN	Num	8	X482F.	3.	F377: B3. Frequent urination
5	PHY_ACT	Num	8	X482F.	3.	F377: B4. Physical activities
6	SOC_ACT	Num	8	X482F.	3.	F377: B5. Social activities
7	SEX_ACT	Num	8	X482F.	3.	F377: B6. Sexual activity
8	EMOTIONS	Num	8	X482F.	3.	F377: B7. Your emotions
9	SURG_AGAIN	Num	8	X739F.	3.	F377: B8. Would you have the surgery again?
10	SURG_REC	Num	8	X739F.	3.	F377: B9. Would you recommend the surgery?
11	COND_NOW	Num	8	X720F.	3.	F377: C1. Number that best describes how your urinary tract condition
12	OFTEN_LK	Num	8	NOTDSAF.	3.	F377: C2. How often do you leak urine?
13	USUAL_LK	Num	8	NSMLF.	3.	F377: C3. How much urine do you usually leak?
14	LK_INTERFERE	Num	8	X401F.	4.	F377: C4. Overall, how much does leaking interfere with everyday life?
15	NEVER_LEAK	Num	8	X739F.	3.	F377: C5. Never $\zeta$ urine does not leak
16	LK_TOILET	Num	8	X739F.	3.	F377: C6. Leaks before you can get to the toilet
17	LK_COUGH	Num	8	X739F.	3.	F377: C7. Leaks when you cough or sneeze
18	LK_ASLEEP	Num	8	X739F.	3.	F377: C8. Leaks when you are asleep
19	LK_ACTIVE	Num	8	X739F.	3.	F377: C9. Leaks when you are physically active/exercising
20	LK_DRESS	Num	8	X739F.	3.	F377: C10. Leaks when you have finished urinating and are dressed
21	LK_OBVIOUS	Num	8	X739F.	3.	F377: C11. Leaks for no obvious reason
22	LK_ALLTIME	Num	8	X739F.	3.	F377: C12. Leaks all the time
23	FREQ_URINE	Num	8	X739F.	3.	F377: D1. frequent urination?
24	FREQ_URINE_A	Num	8	FOURA_F.	3.	F377: D1a. IF YES...
25	URGENCY	Num	8	X739F.	3.	F377: D2. a strong feeling of urgency to empty your bladder?
26	URGENCY_A	Num	8	FOURA_F.	3.	F377: D2a. IF YES...
27	URGE_LEAK	Num	8	X739F.	3.	F377: D3. urine leakage related to the feeling of urgency?
28	URGE_LEAK_A	Num	8	FOURA_F.	3.	F377: D3a. IF YES...
29	ACTV_LEAK	Num	8	X739F.	3.	F377: D4. urine leakage related to physical activity
30	ACTV_LEAK_A	Num	8	FOURA_F.	3.	F377: D4a. IF YES...
31	GEN_LEAK	Num	8	X739F.	3.	F377: D5. general urine leakage not related to urgency or activity?
32	GEN_LEAK_A	Num	8	FOURA_F.	3.	F377: D5a. IF YES...
33	SMALL_LEAK	Num	8	X739F.	3.	F377: D6. small amounts of urine leakage (that is, drops)?
34	SMALL_LEAK_A	Num	8	FOURA_F.	3.	F377: D6a. IF YES...
35	LARGE_LEAK	Num	8	X739F.	3.	F377: D7. large amounts of urine leakage?
36	LARGE_LEAK_A	Num	8	FOURA_F.	3.	F377: D7a. IF YES...

Num	Variable	Type	Len	Format	Informat	Label
37	NITE_LEAK	Num	8	X739F.	3.	F377: D8. nighttime urination?
38	NITE_LEAK_A	Num	8	FOURA_F.	3.	F377: D8a. IF YES...
39	BED_WET	Num	8	X739F.	3.	F377: D9. bedwetting
40	BED_WET_A	Num	8	FOURA_F.	3.	F377: D9a. IF YES...
41	DIFF_EMPTY	Num	8	X739F.	3.	F377: D10. difficulty emptying your bladder?
42	DIFF_EMPTY_A	Num	8	FOURA_F.	3.	F377: D10a. IF YES...
43	INCOM_BLAD	Num	8	X739F.	3.	F377: D11. a feeling of incomplete bladder emptying?
44	INCOM_BLAD_A	Num	8	FOURA_F.	3.	F377: D11a. IF YES...
45	ABD_PRESS	Num	8	X739F.	3.	F377: D12. lower abdominal pressure?
46	ABD_PRESS_A	Num	8	FOURA_F.	3.	F377: D12a. IF YES...
47	PAIN_URIN	Num	8	X739F.	3.	F377: D13. pain when urinating?
48	PAIN_URIN_A	Num	8	FOURA_F.	3.	F377: D13a. IF YES...
49	ABD_PAIN	Num	8	X739F.	3.	F377: D14. pain in the lower abdominal or genital area?
50	ABD_PAIN_A	Num	8	FOURA_F.	3.	F377: D14a. IF YES...
51	DULL_PELVIC	Num	8	X739F.	3.	F377: D15. heaviness or dullness in the pelvic area?
52	DUL_PELVIC_A	Num	8	FOURA_F.	3.	F377: D15a. IF YES...
53	PROT_FEEL	Num	8	X739F.	3.	F377: D16. a feeling of bulging or protrusion in the vaginal area
54	PROT_FEEL_A	Num	8	FOURA_F.	3.	F377: D16a. IF YES...
55	PROT_SEE	Num	8	X739F.	3.	F377: D17. bulging or protrusion you can see in the vaginal area?
56	PROT_SEE_A	Num	8	FOURA_F.	3.	F377: D17a. IF YES...
57	PELV_DIS	Num	8	X739F.	3.	F377: D18. pelvic discomfort when standing or physically exerting...
58	PELV_DIS_A	Num	8	FOURA_F.	3.	F377: D18a. IF YES...
59	PUSH_BLAD	Num	8	X739F.	3.	F377: D19. Push on the vagina or perineum to empty bladder
60	PUSH_BLAD_A	Num	8	FOURA_F.	3.	F377: D19a. IF YES...
61	PUSH_BOWEL	Num	8	X739F.	3.	F377: D20. Do you have to push on vagina to have a bowel movement
62	PUSH_BOWEL_A	Num	8	FOURA_F.	3.	F377: D20a. IF YES...
63	OTH_SYMP	Num	8	X739F.	3.	F377: D21. Do you experience any other symptoms?
64	CHORES	Num	8	FOUR_F.	3.	F377: D23. ability to do household chores?
65	REPAIR	Num	8	FOUR_F.	3.	F377: D24. ability to do usual maintenance or repair work done in home
66	SHOPPING	Num	8	FOUR_F.	3.	F377: D25. shopping activities?
67	HOBBIES	Num	8	FOUR_F.	3.	F377: D26. hobbies and pastime activities?
68	RECR_ACT	Num	8	FOUR_F.	3.	F377: D27. physical recreational activities
69	ENTER_ACT	Num	8	FOUR_F.	3.	F377: D28. entertainment activities
70	TRAV_LESS_20	Num	8	FOUR_F.	3.	F377: D29. ability to travel by car or bus for distances less than 20
71	TRAV_GRT_20	Num	8	FOUR_F.	3.	F377: D30. ability to travel by car or bus for distances greater than 2
72	GOING_PLACE	Num	8	FOUR_F.	3.	F377: D31. going to places if you are unsure about available restrooms?
73	VACATION	Num	8	FOUR_F.	3.	F377: D32. going on vacation?
74	CHURCH	Num	8	FOUR_F.	3.	F377: D33. church or temple attendance?
75	VOL_ACT	Num	8	FOUR_F.	3.	F377: D34. volunteer activities?

Num	Variable	Type	Len	Format	Informat	Label
76	WORK_OUT	Num	8	FOUR_F.	3.	F377: D35. employment (work) outside the home?
77	VISIT_FRNDS	Num	8	FOUR_F.	3.	F377: D36. having friends visit you in your home?
78	SOC_OUT_ACT	Num	8	FOUR_F.	3.	F377: D37. participation in social activities outside your home?
79	FRIENDS	Num	8	FOUR_F.	3.	F377: D38. relationship with friends?
80	FAMILY	Num	8	FOUR_F.	3.	F377: D39. relationship with family excluding husband/companion?
81	HAVE_SEX	Num	8	FOUR_F.	3.	F377: D40. ability to have sexual relations?
82	WAY_DRESS	Num	8	FOUR_F.	3.	F377: D41. the way you dress?
83	EMO_HEALTH	Num	8	FOUR_F.	3.	F377: D42. emotional health?
84	PHYS_HEALTH	Num	8	FOUR_F.	3.	F377: D43. physical health?
85	SLEEP	Num	8	FOUR_F.	3.	F377: D44. sleep?
86	ODOR_RTRCT	Num	8	FOUR_F.	3.	F377: D45. How much does fear of odor restrict your activities?
87	EMBAR_RTRCT	Num	8	FOUR_F.	3.	F377: D46. How much does fear of embarrassment restrict your activities
88	NERVOUS	Num	8	FOUR_F.	3.	F377: D47. nervousness or anxiety?
89	FEAR	Num	8	FOUR_F.	3.	F377: D48. fear?
90	FRUSTRATION	Num	8	FOUR_F.	3.	F377: D49. frustration?
91	ANGER	Num	8	FOUR_F.	3.	F377: D50. anger?
92	DEPRESSION	Num	8	FOUR_F.	3.	F377: D51. depression?
93	EMBARRASS	Num	8	FOUR_F.	3.	F377: D52. embarrassment?
94	LITTLE_INT	Num	8	NSMNF.	3.	F377: E1. Little interest or pleasure in doing things
95	FEEL_DOWN	Num	8	NSMNF.	3.	F377: E2. Feeling down, depressed, or hopeless
96	TROUB_SLEEP	Num	8	NSMNF.	3.	F377: E3. Trouble falling asleep or staying asleep, or sleeping too...
97	FEEL_TIRED	Num	8	NSMNF.	3.	F377: E4. Feeling tired or having little energy
98	POOR_APP	Num	8	NSMNF.	3.	F377: E5. Poor appetite or overeating
99	FEEL_BAD	Num	8	NSMNF.	3.	F377: E6. Feeling bad about yourself
100	TROU_CON	Num	8	NSMNF.	3.	F377: E7. Trouble concentrating on things
101	MOVE_SLOW	Num	8	NSMNF.	3.	F377: E8. Moving or speaking so slowly
102	DEAD_HURT	Num	8	NSMNF.	3.	F377: E9. Thoughts that you would be better off dead
103	HOW_DIFF	Num	8	X597F.	3.	F377: E10. How difficult have problems made it for you to do your work?
104	SIX_MONTHS	Num	8	X739F.	3.	F377: F1. Have you engaged in sexual activities with partner: 6 months
105	FREQ_DES	Num	8	X460F.	3.	F377: G1. How frequently do you feel sexual desire?
106	CLIMAX	Num	8	X460F.	3.	F377: G2. Do you climax (have an orgasm)?
107	SEX_EXCIT	Num	8	X460F.	3.	F377: G3. Do you feel sexually excited?
108	SATIS_SEX	Num	8	X460F.	3.	F377: G4. How satisfied are you with the variety of sexual activities
109	PAIN_SEX	Num	8	X460F.	3.	F377: G5. Do you feel pain during sexual intercourse?
110	INCON_SEX	Num	8	X460F.	3.	F377: G6. Are you incontinent of urine with sexual activities?
111	FEAR_SEX	Num	8	X460F.	3.	F377: G7. Does fear of incontinence restrict your sexual activity?
112	AVOID_SEX	Num	8	X460F.	3.	F377: G8. Do you avoid sexual intercourse?

Num	Variable	Type	Len	Format	Informat	Label
113	NEG_SEX	Num	8	X460F.	3.	F377: G9. Do you have negative emotional reactions?
114	ERECT_SEX	Num	8	X460F.	3.	F377: G10. Does your partner have a problem with erections?
115	PE_SEX	Num	8	X460F.	3.	F377: G11. Does your partner have a problem with premature ejaculation?
116	ORGAS_SEX	Num	8	X555F.	3.	F377: G12. How intense are the orgasms in the past 6 months?
117	PARTNER	Num	8	X739F.	3.	F377: H1. Do you have a partner at this time?
118	FREQ_DES_2	Num	8	X460F.	3.	F377: H2. How frequently do you feel sexual desire?
119	SATIS_SEX_2	Num	8	X460F.	3.	F377: H3. How satisfied are you with the variety of sexual activities
120	PAIN_SEX_2	Num	8	X460F.	3.	F377: H4. Fear of pain during sexual intercourse restrict activities?
121	INCON_SEX_2	Num	8	X460F.	3.	F377: H5. Does fear of incontinence restrict your sexual activity?
122	AVOID_SEX_2	Num	8	X460F.	3.	F377: H6. Avoid sexual intercourse because of bulging in the vagina?
123	AID	Num	8			Subject ID

**Data Set Name: f378.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	LAST_VISIT	Char	4	\$4.	\$4.	F378: A4. Patient's Last Study Visit:
2	CONT_TREAT	Num	8	X739F.	3.	F378: B6. New or continuing treatment since last study visit?
3	rando_dt_LOST_D	Num	8			F378: B2. Randomization Date to Patient lost to follow-up, date last study data collected
4	rando_dt_CONS_WDRAW	Num	8			F378: B3. Randomization Date to patient who withdrew consent, date consent withdrawn
5	rando_dt_WDRAW_D	Num	8			F378: B3a. Randomization Date to Date last study data collected
6	rando_dt_ADMIN_D	Num	8			F378: B4. Randomization Date to Admin decision or other, date last study data collected
7	rando_dt_PI_SIG_D	Num	8			F378: C2. Randomization Date to Signature date
8	FINAL_STATUS_cat	Num	8	FINALF.		

**Data Set Name: finlstat.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	age	Num	8			age (yrs) from time of randomization
3	retropubic	Num	8			Retropubic per rando comp
4	suidiff	Num	8			#days btw rand and stress fail date
5	mesadiff	Num	8			#days btw rand and mesa fail date
6	paddiff	Num	8			#days btw rand and pad fail date
7	vddiff	Num	8			#days btw rand and vd fail date
8	retrmdiff	Num	8			#days btw rand and retrm fail date
9	objfail	Num	8	YESNOF.		any objective failure
10	subjfail	Num	8	YESNOF.		any subjective failure - mesa or voiding diary
11	etmfail	Num	8	YESNOF.		E-TOMUS failure
12	anyfail	Num	8	YESNOF.		any objective or subjective failure
13	stressfail	Num	8	YESNOF.		any stress failure (like SISTER)
14	dur_surg	Num	8			Total surgery time (in mins)
15	dur_sling_surg	Num	8			Mid urethral sling time (in mins)
16	concomsx	Num	8	YESNOFF.		Concom Surg
17	nconcomsx	Num	8			# Concom Surgs
18	site	Num	8			clinical site
19	mucP_w	Num	8			mean(mucpwi,mucpw2,mucpw3)
20	vlpp_nored	Num	8			mean(lpp_leak1,lpp_leak2,lpp_leak3)
21	leak_grp	Num	8	LK_GRP.		At what point did the patient leak?
22	usi	Num	8	USIF.		urinary stress incontinence (USI)
23	usinoinvalid	Num	8	USIF.		USI variable that excludes those with missing leak_grp
24	vlpp90	Num	8	VLPP90F.		VLPP greater or less than 90
25	vlpp3	Num	8	VLPP3F.		VLPP90 in 3 categories
26	obj_status	Num	8	LTSTATF.		first objective failure
27	obj_days	Num	8			days to first objective failure
28	subj_status	Num	8	LTSTATF.		first subj failure
29	subj_days	Num	8			days to first subj failure
30	any_status	Num	8	LTSTATF.		first obj or subj failure
31	any_days	Num	8			days to first obj or subj failure
32	stress_status	Num	8	LTSTATF.		first stress failure
33	stress_days	Num	8			days to first stress failure
34	inelig	Num	8	YESNOF.		ineligible per MM
35	death	Num	8	YESNOF.		death per MM
36	crossover	Num	8	YESNOF.		crossover per MM

Num	Variable	Type	Len	Format	Informat	Label
37	nostudyproc	Num	8	YESNOF.		did not receive study procedure per MM
38	obj_visit	Num	8			visit at which objectively failed or censored
39	subj_visit	Num	8			visit at which subjectively failed or censored
40	any_visit	Num	8			visit at which any failed or censored
41	stress_visit	Num	8			visit at which stress failed or censored
42	perprotocol	Num	8	YESNOF.		Treatment received per-protocol
43	msgvlpp	Num	8	MSGVLPPF.		indicator for if vlpp missing
44	newvlpp	Num	8			set missing vlpp to mean value - 118.86
45	newvlppmax	Num	8			set missing vlpp to max value - 266
46	LAST_VISIT	Char	4	\$4.	\$4.	F378: A4. Patient's Last Study Visit:
47	FINAL_STATUS	Num	8	NEW_STATF.	3.	F378: B1. What was the patient's final study status?
48	obsdays	Num	8			# days under observation
49	PARTICIPATE	Num	8	ET_ELIG.	3.	F370: B2. Did the patient sign consent to participate in E-TOMUS?
50	etm_status	Num	8	LTSTATF.		E-TOMUS failure
51	etm_days	Num	8			days to first E-TOMUS failure
52	etm_visit	Num	8			visit at which E-TOMUS failed or censored
53	etm_status_60	Num	8	LTSTATF.		E-TOMUS failure status at 5 yr
54	etm_days_60	Num	8			Time to ETM status or 5 yr
55	etmfail_01_60	Num	8			Failed E-TOMUS at 5 yr
56	part2	Num	8			Consent to E-TOMUS 1=yes

*Data Set Name: f301.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	FORM_LANG	Num	8	3.	F301: A6. Which version of this form was used?
2	ETHNICITY	Num	8	3.	F301: B1. Do you consider yourself to be Hispanic or Latino?
3	OCCUP_CODE	Num	8	4.	F301: B5b. NAM-POWERS-BOYD OCCUPATION SCORE
4	SP_OCC_CODE	Num	8	4.	F301: B6b. NAM-POWERS-BOYD OCCUPATION SCORE
5	OCCUP2_CODE	Num	8	4.	F301: B7b. NAM-POWERS-BOYD OCCUPATION SCORE
6	MESA_STR_4	Num	8	3.	F301: C4. Does lifting things cause you to lose urine
7	MESA_STR_5	Num	8	3.	F301: C5. Does bending cause you to lose urine
8	MESA_STR_6	Num	8	3.	F301: C6. Does laughing cause you to lose urine
9	MESA_STR_7	Num	8	3.	F301: C7. Does walking briskly or jogging cause you to lose urine
10	MESA_STR_8	Num	8	3.	F301: C8. Does straining cause you to lose urine
11	MESA_STR_9	Num	8	3.	F301: C9. Does getting up from sitting cause you to lose urine
12	MESA_STRESS	Num	8	3.	F301: C10. Did patient answer "rarely, sometimes or often?"
13	LEAK_DUR	Num	8	3.	F301: C11. Have you had these types of problems for 3 months or more?
14	STRESS_SCORE	Num	8	3.	F301: C13. Stress symptoms score
15	STRESS_INDEX	Num	8	4.	F301: C14. Stress Index
16	MESA_URG_1	Num	8	3.	F301: D1. Urge symptoms: Little warning
17	MESA_URG_2	Num	8	3.	F301: D2. Urge symptoms: Wetting self
18	MESA_URG_3	Num	8	3.	F301: D3. Urge symptoms: Sudden bladder full
19	MESA_URG_4	Num	8	3.	F301: D4. Urge symptoms: Washing hands
20	MESA_URG_5	Num	8	3.	F301: D5. Urge symptoms: Cold weather
21	MESA_URG_6	Num	8	3.	F301: D6. Urge symptoms: Drinking cold beverages
22	URGE_SCORE	Num	8	3.	F301: D7. Urge Symptoms Score
23	URGE_INDEX	Num	8	4.	F301: D8. Urge Index
24	PRED_STRESS	Num	8	4.	F301: D9. Do the index scores indicate predominant stress incontinence
25	STRAIN_UR	Num	8	3.	F301: E1a. Do you currently: strain to urinate
26	BEND_UR	Num	8	3.	F301: E1b. Do you currently: bend forward to urinate
27	LEAN_UR	Num	8	3.	F301: E1c. Do you currently: lean back to urinate
28	STAND_UR	Num	8	3.	F301: E1d. Do you currently: stand up to urinate
29	PRESS_UR	Num	8	3.	F301: E1e. Do you currently: press on your bladder
30	PUSH_UR	Num	8	3.	F301: E1f. Do you currently: push on the vagina
31	OTH_ACC_UR	Num	8	3.	F301: E1g. Do you currently: do anything else
32	URINE_BOTHER	Num	8	3.	F301: E2. How bothered are you by the way you urinate?
33	STEADY_STR	Num	8	3.	F301: E3a. Would you describe urine stream as: a steady stream
34	SLOW_STR	Num	8	3.	F301: E3b. Would you describe urine stream as: slow stream
35	SPURT_STR	Num	8	3.	F301: E3c. Would you describe urine stream as: a spurting, spraying
36	HESIT_STR	Num	8	3.	F301: E3d. Would you describe urine stream as: a hesitating stream



Num	Variable	Type	Len	Informat	Label
37	DRIB_STR	Num	8	3.	F301: E3e. Would you describe urine stream as: dribbling
38	OTH_STR	Num	8	3.	F301: E3f. Would you describe urine stream as: some other
39	INC_BLADDER	Num	8	3.	F301: E4. Do you currently experience a feeling of incomplete emptying
40	CURR_PREG	Num	8	3.	F301: F1. Are you currently pregnant?
41	EVER_PREG	Num	8	3.	F301: F2. Have you ever been pregnant?
42	REC_PREG_ELG	Num	8	3.	F301: F4. Is that greater than or equal to 12 months ago
43	VAG_DEL_LB	Num	8	3.	F301: F7a1. Weight of largest baby delivered vaginally: Lbs
44	VAG_DEL_OZ	Num	8	3.	F301: F7a2. Weight of largest baby delivered vaginally: Oz
45	VAG_DEL_GM	Num	8	5.	F301: F7b. Weight of largest baby delivered vaginally: grams
46	SCHEDULE	Num	8	3.	F301: F8. Will the patient be available for the follow-up period?
47	ELIG_APPROV	Num	8	3.	F301: F9a. Has UITN committee approved?
48	LIFETIME_CIG	Num	8	3.	F301: G1. Did you ever smoke more than 100 cigarettes
49	REG_SMOK_AGE	Num	8	4.	F301: G2. How old were you when you first started smoking
50	CIG_DAY_ALL	Num	8	4.	F301: G3. How many cigarettes did you usually smoke?
51	CIG_DAY_NOW	Num	8	4.	F301: G5. How many cigarettes did you usually smoke?
52	AGE_QUIT	Num	8	4.	F301: G6. How old were you when you most recently quit
53	STR_BM	Num	8	3.	F301: G7. Do you have to strain to have a bowel movement?
54	OFT_STR_BM	Num	8	3.	F301: G7a. How often do you have to strain to have bowel movements?
55	GAS_LK	Num	8	3.	F301: G8. Do you have leaking or loss of control of gas
56	OFT_GAS_LK	Num	8	3.	F301: G8a. How often do you have leaking or loss of control of gas
57	LIQ_STOOL_LK	Num	8	3.	F301: G9. Do you have leaking or loss of control of liquid stool
58	SOL_STOOL_LK	Num	8	3.	F301: G10. Do you have leaking or loss of control of solid stool
59	NUMBNESS	Num	8	3.	F301: G11. Do you have any numbness in your legs or pelvic area?
60	NUMB_SUP	Num	8	3.	F301: G11a. Did the patient mark any xs in the suprapubic area?
61	NUM_UL	Num	8	3.	F301: G11d. Did the patient mark any xs in the upper leg area?
62	WEAKNESS	Num	8	3.	F301: G12. Do you have any weakness in your legs or pelvic area?
63	WEAK_UL	Num	8	3.	F301: G12a. Did the patient mark any xs in the upper leg area?
64	WEAK_LL	Num	8	3.	F301: G12b. Did the patient mark any xs in the lower leg area?
65	ALL_ELIG_SUM	Num	8	3.	F301: H1. Does the patient meet all eligibility criteria?
66	hispanic	Num	8		Ethnicity
67	educ	Num	8		Education
68	marital	Num	8		Marital Status
69	v_del	Num	8		# Vaginal Deliveries
70	in_appr	Num	8		Inel:Approval (F301:F9)
71	cr_smoke	Num	8		Current Smoker
72	AID	Num	8		Subject ID
73	mesa_str_1a	Num	8		f301 C1. how often do you end up losing urine or wetting yourself
74	mesa_str_2a	Num	8		f301 C2. does coughing hard cause you to lose urine
75	mesa_str_3a	Num	8		f301 C3. does sneezing cause you to lose urine

Num	Variable	Type	Len	Informat	Label
76	oft_liq_lk1	Num	8		f301: G9a. How often do you have leaking or loss of liquid stool
77	oft_solid_lk1	Num	8		f301: G10a. How often do you have leaking or loss of solid stool
78	num_preg1	Num	8		f301,F5,Number of pregnancies

**Data Set Name: f302.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	FORM_LANG	Num	8	3.	F302: A6. Which form version was used
2	REPEAT_MEAS	Num	8	3.	F302: A7. Are these repeat measures due to previously expired measures
3	WHEELCHAIR	Num	8	3.	F302: B1. Do you consistently use a wheel chair to get around?
4	UT_CANCER	Num	8	3.	F302: B2. Have you ever had cancer of the lower urinary tract?
5	PELV_RAD	Num	8	3.	F302: B3. Have you ever had pelvic radiation therapy?
6	CHEMO	Num	8	3.	F302: B4. Are you currently receiving chemotherapy
7	CHEMO_A	Num	8	3.	F302: B4a. Source Code: chemotherapy
8	URETH_DIV_A	Num	8	3.	F302: B6a. Source code: urethral diverticulum
9	AUG_CST	Num	8	3.	F302: B7. Have you ever had augmentation cystoplasty?
10	AUG_CST_A	Num	8	3.	F302: B7a. Source code: augmentation
11	NERVE_STIM	Num	8	3.	F302: B8. Do you have nerve stimulators for urinary symptoms?
12	NERVE_STIM_A	Num	8	3.	F302: B8a. Source Code: Nerve Stimulators
13	PARK_DIS_A	Num	8	3.	F302: B9a. Source code: Parkinson's Disease
14	MULT_SCL	Num	8	3.	F302: B10. Do you have multiple sclerosis?
15	MULT_SCL_A	Num	8	3.	F302: B10a. Source code: Multiple Sclerosis
16	SPIN_BIF	Num	8	3.	F302: B11. Do you have spina bifida?
17	SPIN_BIF_A	Num	8	3.	F302: B11a. Source code: spina bifida
18	SPIN_INJ	Num	8	3.	F302: B12. Have you ever had a spinal cord injury?
19	SPIN_INJ_A	Num	8	3.	F302: B12a. Source code: spinal cord injury
20	PELV_PAIN	Num	8	3.	F302: B13. Are you under current evaluation or treatment?
21	PELV_PAIN_A	Num	8	3.	F302: B13a. Source Code: Chronic Pelvic Pain
22	UTI_3	Num	8	3.	F302: B15. Have you had more than 3 episodes of urinary tract infection
23	UTI_3_A	Num	8	3.	F302: B15a. Source Code: More than 3 episodes of urinary tract infection
24	EST_ORAL	Num	8	3.	F302: B17a. ...an oral estrogen, either pills or caplets?
25	EST_ORAL_A	Num	8	3.	F302: B17ai. Source Code: oral estrogen, either pills or caplets?
26	EST_PATCH	Num	8	3.	F302: B17b. ...an estrogen patch?
27	EST_PATCH_A	Num	8	3.	F302: B17bi. Source Code: estrogen patch
28	EST_NAT_A	Num	8	3.	F302: B17ci. Source Code: Natural estrogen, non-prescription
29	EST_VAG	Num	8	3.	F302: B17d. ...vaginal estrogen cream?
30	EST_VAG_A	Num	8	3.	F302: B17di. Source Code: vaginal estrogen cream
31	EST_INTVAG	Num	8	3.	F302: B17e. ...an intravaginal estrogen, either tablet or ring?
32	EST_INTVAG_A	Num	8	3.	F302: B17ei. Source Code: intravaginal estrogen, either tablet or ring
33	EST_INJ_A	Num	8	3.	F302: B17fi. Source Code: estrogen injections
34	UI_SURG	Num	8	3.	F302: C4. Does patient report surgery specifically for treatment of UI
35	SYN_SLING	Num	8	3.	F302: C6. Is there reported evidence of synthetic sling for treatment?
36	OTH_PEL_SURG	Num	8	3.	F302: C7. Have you ever had any other pelvic surgeries?

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Informat</b>	<b>Label</b>
37	UI_TREAT	Num	8	3.	F302: C9. Does patient report any non-surgical treatment
38	menop	Num	8		Pre,Post,Peri,??
39	pelvsurg	Num	8		Pelv Surg 6 mos
40	AID	Num	8		Subject ID

**Data Set Name: f303.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Informat</b>	<b>Label</b>
1	REPEAT_MEAS	Num	8	3.	F303: A5. Is this a repeat measure?
2	CURR_PRESC	Num	8	3.	F303: B1. Currently taking any prescribed medication?
3	CURR_OTC	Num	8	3.	F303: B3. Currently taking any medications etc., not prescribed?
4	comp_days	Num	8		comp_days:Days since randomization
5	AID	Num	8		Subject ID

*Data Set Name: f304.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	REPEAT_MEAS	Num	8	3.	F304: A3. Are these repeat measures?
2	HEIGHT	Num	8	3.	F304: B1. Height in inches:
3	WEIGHT	Num	8	4.	F304: B2. Weight in pounds:
4	ANAL_SPHINC	Num	8	3.	F304: C3. Anal Sphincter Voluntary Contractions
5	PAIN_ABD_R	Num	8	3.	F304: C4a. ...lower abdomen, right side?
6	PAIN_ABD_L	Num	8	3.	F304: C4b. ...lower abdomen, left side?
7	PAIN_VAG_R	Num	8	3.	F304: C4e. ...vagina (inside), right side?
8	PAIN_VAG_L	Num	8	3.	F304: C4f. ...vagina (inside), left side?
9	PAIN_BACK_R	Num	8	3.	F304: C4i. ...lower back, right side?
10	PAIN_BACK_L	Num	8	3.	F304: C4j. ...lower back, left side?
11	PC_PRES	Num	8	3.	F304: C5. PC assessment: Pressure
12	PC_DUR	Num	8	5.1	F304: C6. PC assessment: Duration
13	PC_DIS	Num	8	3.	F304: C7. PC assessment: Displacement of vertical plane
14	POPQ_AA	Num	8	6.1	F304: D1. Aa anterior wall 3 cm from external urethral meatus
15	POPQ_BA	Num	8	6.1	F304: D2. Ba most dependent part of anterior wall
16	POPQ_C	Num	8	6.1	F304: D3. C cervix or vaginal cuff
17	POPQ_D	Num	8	6.1	F304: D4. D posterior fornix (if no prior total hyst)
18	POPQ_AP	Num	8	6.1	F304: D5. Ap posterior wall 3 cm from hymen
19	POPQ_BP	Num	8	6.1	F304: D6. Bp most dependent part of posterior wall
20	POPQ_GH	Num	8	6.1	F304: D7. GH genital hiatus
21	POPQ_PB	Num	8	6.1	F304: D8. PB perineal body
22	POPQ_TVL	Num	8	6.1	F304: D9. TVL total vaginal length
23	PRO_STAGE	Num	8	3.	F304: D10. Record prolapse stage:
24	NON_AMB	Num	8	3.	F304: E1. Non-Ambulatory?
25	UT_CANCER	Num	8	3.	F304: E2. History of lower urinary tract cancer?
26	PELV_IRRAD	Num	8	3.	F304: E3. Pelvic irradiation, current or previous?
27	CHEMO	Num	8	3.	F304: E4. Current chemotherapy?
28	AUG_CST	Num	8	3.	F304: E6. Prior autmentation cystoplasty/artificial urethral sphincter
29	URETH_DIV	Num	8	3.	F304: E7. Urethral diverticulum (current or previous)?
30	CURR_CATH	Num	8	3.	F304: E8. Current use of a catheter to empty the bladder?
31	NERVE_STIM	Num	8	3.	F304: E9. Implanted nerve stimulators for urinary symptoms?
32	SYN_SLING	Num	8	3.	F304: E10. History of synthetic sling for SUI?
33	CURR_PREG	Num	8	3.	F304: E11. Currently or recently pregnant (<12 months post-partum)?
34	PELV_SURG	Num	8	3.	F304: E12. Laparoscopic or open pelvic surgery <3 months?
35	PELV_PAIN	Num	8	3.	F304: E13. Current evaluation or treatment for chronic pelvic pain?
36	ASA_IV	Num	8	3.	F304: E14. ASA Class IV?

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Informat</b>	<b>Label</b>
37	CUR_UTI	Num	8	3.	F304: E15. Current urinary tract infection?
38	CONCOM_SURG	Num	8	3.	F304: E17. Does the patient need concomitant surgery requiring...
39	PREV_MESH	Num	8	3.	F304: E16. Previous placement of synthetic mesh.
40	NM_COMP_Days	Num	8		F304,C8: date Neuro-Muscular exam completed, days since randomization
41	NM_ABST_Days	Num	8		F304,C10: date abstract completed, days since randomization
42	POPQ_COMP_Days	Num	8		F304,D11: POPQ completed, days since randomization
43	POPQ_ABST_Days	Num	8		F304,D13:: date Abstract completed, days since randomization
44	AID	Num	8		Subject ID

**Data Set Name: f305.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	VISIT	Char	8	\$8.	F305: A2. Visit
2	max_fl_nif	Num	8		F305:B1.NIF max flow
3	mean_fl_nif	Num	8		F305:B2.NIF mean flow
4	flow_t_nif	Num	8		F305:B3.NIF time to max flow
5	void_vol_nif	Num	8		F305:B4.NIF voided volume
6	pvr_nif	Num	8		F305:B5. NIF post-void residual
7	pattern_nif	Num	8		F305:B6.NIF flow pattern
8	valid_mucp	Num	8		F35Q:C1.are all mucp data valid
9	mucpwi	Num	8		F305:C2 if mucp_wi>0
10	mucpli	Num	8		F305:C3 if mucp_Li>0
11	mucpw2	Num	8		F305:C4 if mucp_w2>0
12	mucpl2	Num	8		F305:C5 if mucp_L2>0
13	mucpw3	Num	8		F305:C6 if mucp_w3>0
14	mucpl3	Num	8		F305:C7 if mucp_L3>0
15	PABD_CMG_BL	Num	8	3.	F305: D4. Was the Pabd measuring system functioning at CMG baseline
16	REAS_CMG_INV	Num	8	3.	F305: D5. Any other reasons you consider CMG invalid
17	cmg_any_invl	Num	8		F305:D6.FMCP Any invalid conditions for CMG?
18	pves_base_cmg	Num	8		F305:D7.Pves at CMG baseline
19	pabd_base_cmg	Num	8		F305:D8.Pabd at CMG baseline
20	pdet_base_cmg	Num	8		F305:D9.Pdet at CMG baseline
21	first_desire	Num	8		F305:D10.Volume at first desire
22	strong_desire	Num	8		F305:D11.Volume at strong desire
23	leak_val	Num	8		F305:D12. Did leakage occur with valsalva
24	volume_lpp	Num	8		F305:D13. At what volume
25	lpp_leak1	Num	8		F305:D13a. raw pves at 1st leakage
26	lpp_leak2	Num	8		F305:D13b. raw pves at 2nd leakage
27	lpp_leak3	Num	8		F305:D13c. raw pves at 3rd leakage
28	leak_mcc	Num	8		F305:D14.if mcc_leak>0 then leak_mcc = mcc_leak
29	vol_mcc	Num	8		F305:D15. Bladder volume at MCC
30	mcc_pves	Num	8		F305:D15a. pves at MCC
31	mcc_pabd	Num	8		F305:D15b. pabd at MCC
32	mcc_pdet	Num	8		F305:D15a-D15b:mcc_pves - mcc_pabd
33	detrusor	Num	8		F305:D16.Detrusor overactivity?
34	detrusor_1	Num	8		F305:D16a.Vol at DO occurrence 1
35	detrusor_leak_1	Num	8		F305:D16a1.Leaking at DO occurrence 1?
36	detrusor_2	Num	8		F305:D16b.Vol at DO occurrence 2



Num	Variable	Type	Len	Informat	Label
37	detrusor_leak_2	Num	8		F305:D16b1.Leaking at DO occurrence 2?
38	detrusor_3	Num	8		F305:D16c.Vol at DO occurrence 3
39	detrusor_leak_3	Num	8		F305:D16c1.Leaking at DO occurrence 3?
40	PFS_BL_INTP	Num	8	3.	F305: E5. Was the PFS baseline interpretable
41	PVES_FUN_BL	Num	8	3.	F305: E6. Was the Pves measuring functioning properly at baseline
42	PABD_FUN_BL	Num	8	3.	F305: E7. Was the Pabd measuring system functioning at baseline
43	PT_VOID	Num	8	3.	F305: E8. Did the patient void
44	PVES_FUN_MAX	Num	8	3.	F305: E9. Pves measuring system functioning properly at Qmax
45	PABD_FUN_MAX	Num	8	3.	F305: E10. Pabd measuring system functioning properly at Qmax
46	REAS_PFS_INV	Num	8	3.	F305: E11. Other reasons you consider the PFS invalid
47	pfs_any_invl	Num	8		F305:E12.Any invalid conditions for PFS?
48	refill_pfs	Num	8		F305:E13.Was the patient refilled for this PFS
49	cough_vd_pfs	Num	8		F305:E14.Patient cough before PFS void?
50	pves_pabd_cn	Num	8		F305:E15.70% concordance at post-void cough?
51	pfs_pves_bl	Num	8		F305:E16a.Pves at PFS baseline
52	pfs_pabd_bl	Num	8		F305:E16b.Pabd at PFS baseline
53	pfs_pdet_bl	Num	8		F305:E16c.Pdet at PFS baseline
54	pves_qmax	Num	8	4.	F305: E17a. Pves at maximum flow
55	pabd_qmax	Num	8	4.	F305: E17b. Pabd at maximum flow
56	pdet_qmax	Num	8		F305:E17a-E17b:pdet at Qmax
57	max_fl_pfs	Num	8		F305:E18. Max flow rate
58	flow_t_pfs	Num	8		F305:E19.Time to max Flow
59	void_vol_pfs	Num	8		F305:E20.Voided Volume
60	void_mech	Num	8		F305:E21.PFS voiding pattern
61	cghpstvd_pfs	Num	8		F305:E22. Patient cough after PFS void
62	pstcgh_pves	Num	8		F305:E23 Pves signal functioning?
63	AID	Num	8		Subject ID

**Data Set Name: f306.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	repeat_meas_pt	Num	8	3.	F306: A4. Is this a repeat measure?
2	why_repeat_pt	Num	8	3.	F306: A5. Why is measure being repeated?
3	PT_DATA	Num	8	3.	F306: B1. Are there Pad Test measures to record below?
4	TOT_PADS	Num	8	3.	F306: B3. Number of pads distributed in the Kit:
5	PT_PROTO	Num	8	3.	F306: B13. Was the pad test completed per protocol? requirements
6	PT_VALIDITY	Num	8	3.	F306: B14. Do you judge Pad Test to be valid or invalid?
7	sumprewt	Num	8		Sum Pre Wts
8	sumpstwt	Num	8		Sum Post Wts
9	diffwt	Num	8		Post-Pre Wts
10	VD_DATA	Num	8	3.	F306: C1. Are there voiding diary data to record below
11	DAY1_DAY	Num	8	3.	F306: C3a. Day of the week: Day 1
12	DAY2_DAY	Num	8	3.	F306: C4a. Day of the week: Day 2
13	DAY3_DAY	Num	8	3.	F306: C5a. Day of the week:Day 3
14	VD_PROTO	Num	8	3.	F306: C6. Was Voiding Diary completed per protocol?
15	VD_DEV_TYPE	Num	8	3.	F306: C6a. Deviation type
16	VD_VALIDITY	Num	8	3.	F306: C7. Do you judge Voiding Diary to be valid or invalid?
17	tot_void1	Num	8		Total voids 1 during waking or bedtime hours
18	tot_void2	Num	8		Total voids 2 during waking or bedtime hours
19	tot_void3	Num	8		Total voids 3 during waking or bedtime hours
20	tot_void	Num	8		Diary: NumVoids (in 3dy)
21	ave_void	Num	8		Diary: ave #voids per dy
22	tot_acc	Num	8		Diary: total #accidents of three days
23	ave_acc	Num	8		Diary: ave #accidents per dy
24	AID	Num	8		Subject ID
25	PT_DIST_Daysnew	Num	8		f306,B2: date PAD test kit distributed, days since randomization
26	pre_daysnew	Num	8		f306,B4: date pre-weights precoded, days since randomization
27	post_daysnew	Num	8		f306,b7:date post-weights recorded, days since randomization
28	return_daysnew	Num	8		f306,B10:date pad test kit returned, days since randomization
29	ptstart_daysnew	Num	8		f306,B11:date pad started, days since randomization
30	vd_dist_daysnew	Num	8		f306,C2: date Voiding diary distributed, days since randomization
31	day1_daysnew	Num	8		f306,C3: date of diary day 1, days since randomization
32	day2_date_daysnew	Num	8		f306,C4: date of diary day 2, days since randomization
33	day3_date_daysnew	Num	8		f306,C4: date of diary day 3, days since randomization

**Data Set Name: f307.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	MODE1	Num	8	3.	F307: A5. Mode:
2	FORM_LANG	Num	8	3.	F307: A6. Which version of this form was used?
3	REPEAT_MEAS	Num	8	3.	F307: A7. Is this a Repeat Measure?
4	UR_LEAK	Num	8	3.	F307: B1. Urine leakage
5	UR_LEAK_A	Num	8	3.	F307: B1a. IF YES...
6	UR_URIN	Num	8	3.	F307: B2. An urgency to urinate fear not making it to the bathroom
7	UR_URIN_A	Num	8	3.	F307: B2a. IF YES...
8	FREQ_URIN	Num	8	3.	F307: B3. Frequent urination
9	FREQ_URIN_A	Num	8	3.	F307: B3a. IF YES...
10	OTH_URIN	Num	8	3.	F307: B4. Any other symptoms?
11	OTH_URIN_A	Num	8	3.	F307: B4a. IF YES...
12	PHY_ACT	Num	8	3.	F307: B5. Physical activities
13	PHY_ACT_A	Num	8	3.	F307: B5a. IF YES...
14	SOC_ACT	Num	8	3.	F307: B6. Social activities
15	SOC_ACT_A	Num	8	3.	F307: B6a. IF YES...
16	SEX_ACT	Num	8	3.	F307: B7. Sexual activity
17	SEX_ACT_A	Num	8	3.	F307: B7a. IF YES...
18	OTH_ACT	Num	8	3.	F307: B8. Any other activities?
19	OTH_ACT_A	Num	8	3.	F307: B8a. IF YES...
20	FEELINGS	Num	8	3.	F307: B9. Are you bothered by feelings of embarrassment, helplessness?
21	FEELINGS_A	Num	8	3.	F307: B9a. IF YES...
22	COND_NOW	Num	8	3.	F307: C1. Number that best describes how your urinary tract condition
23	OFTEN_LK	Num	8	3.	F307: C2. How often do you leak urine?
24	USUAL_LK	Num	8	3.	F307: C3. How much urine do you usually leak?
25	LK_INTERFERE	Num	8	4.	F307: C4. Overall, how much does leaking interfere with everyday life?
26	NEVER_LEAK	Num	8	3.	F307: C5. Never i urine does not leak
27	LK_TOILET	Num	8	3.	F307: C6. Leaks before you can get to the toilet
28	LK_COUGH	Num	8	3.	F307: C7. Leaks when you cough or sneeze
29	LK_ASLEEP	Num	8	3.	F307: C8. Leaks when you are asleep
30	LK_ACTIVE	Num	8	3.	F307: C9. Leaks when you are physically active/exercising
31	LK_DRESS	Num	8	3.	F307: C10. Leaks when you have finished urinating and are dressed
32	LK_OBVIOUS	Num	8	3.	F307: C11. Leaks for no obvious reason
33	LK_ALLTIME	Num	8	3.	F307: C12. Leaks all the time
34	FREQ_URINE	Num	8	3.	F307: D1. frequent urination?
35	FREQ_URINE_A	Num	8	3.	F307: D1a. IF YES...
36	URGENCY	Num	8	3.	F307: D2. a strong feeling of urgency to empty your bladder?

Num	Variable	Type	Len	Informat	Label
37	URGENCY_A	Num	8	3.	F307: D2a. IF YES...
38	URGE_LEAK	Num	8	3.	F307: D3. urine leakage related to the feeling of urgency?
39	URGE_LEAK_A	Num	8	3.	F307: D3a. IF YES...
40	ACTV_LEAK	Num	8	3.	F307: D4. urine leakage related to physical activity
41	ACTV_LEAK_A	Num	8	3.	F307: D4a. IF YES...
42	GEN_LEAK	Num	8	3.	F307: D5. general urine leakage not related to urgency or activity?
43	GEN_LEAK_A	Num	8	3.	F307: D5a. IF YES...
44	SMALL_LEAK	Num	8	3.	F307: D6. small amounts of urine leakage (that is, drops)?
45	SMALL_LEAK_A	Num	8	3.	F307: D6a. IF YES...
46	LARGE_LEAK	Num	8	3.	F307: D7. large amounts of urine leakage?
47	LARGE_LEAK_A	Num	8	3.	F307: D7a. IF YES...
48	NITE_LEAK	Num	8	3.	F307: D8. nighttime urination?
49	NITE_LEAK_A	Num	8	3.	F307: D8a. IF YES...
50	BED_WET	Num	8	3.	F307: D9. bedwetting
51	BED_WET_A	Num	8	3.	F307: D9a. IF YES...
52	DIFF_EMPTY	Num	8	3.	F307: D10. difficulty emptying your bladder?
53	DIFF_EMPT_A	Num	8	3.	F307: D10a. IF YES...
54	INCOM_BLAD	Num	8	3.	F307: D11. a feeling of incomplete bladder emptying?
55	INCOM_BLAD_A	Num	8	3.	F307: D11a. IF YES...
56	ABD_PRESS	Num	8	3.	F307: D12. lower abdominal pressure?
57	ABD_PRESS_A	Num	8	3.	F307: D12a. IF YES...
58	PAIN_URIN	Num	8	3.	F307: D13. pain when urinating?
59	PAIN_URIN_A	Num	8	3.	F307: D13a. IF YES...
60	ABD_PAIN	Num	8	3.	F307: D14. pain in the lower abdominal or genital area?
61	ABD_PAIN_A	Num	8	3.	F307: D14a. IF YES...
62	DULL_PELVIC	Num	8	3.	F307: D15. heaviness or dullness in the pelvic area?
63	DUL_PELVIC_A	Num	8	3.	F307: D15a. IF YES...
64	PROT_FEEL	Num	8	3.	F307: D16. a feeling of bulging or protrusion in the vaginal area
65	PROT_FEEL_A	Num	8	3.	F307: D16a. IF YES...
66	PROT_SEE	Num	8	3.	F307: D17. bulging or protrusion you can see in the vaginal area?
67	PROT_SEE_A	Num	8	3.	F307: D17a. IF YES...
68	PELV_DIS	Num	8	3.	F307: D18. pelvic discomfort when standing or physically exerting...
69	PELV_DIS_A	Num	8	3.	F307: D18a. IF YES...
70	PUSH_BLAD	Num	8	3.	F307: D19. Push on the vagina or perineum to empty bladder
71	PUSH_BLAD_A	Num	8	3.	F307: D19a. IF YES...
72	PUSH_BOWEL	Num	8	3.	F307: D20. Do you have to push on vagina to have a bowel movement
73	PUSH_BOWEL_A	Num	8	3.	F307: D20a. IF YES...
74	OTH_SYMP	Num	8	3.	F307: D21. Do you experience any other symptoms?
75	CHORES	Num	8	3.	F307: D23. ability to do household chores

Num	Variable	Type	Len	Informat	Label
76	REPAIR	Num	8	3.	F307: D24. ability to do usual maintenance or repair work done in home
77	SHOPPING	Num	8	3.	F307: D25. shopping activities?
78	HOBBIES	Num	8	3.	F307: D26. hobbies and pastime activities?
79	RECR_ACT	Num	8	3.	F307: D27. physical recreational activities
80	ENTER_ACT	Num	8	3.	F307: D28. entertainment activities
81	TRAV_LESS_20	Num	8	3.	F307: D29. ability to travel by car or bus for distances less than 20
82	TRAV_GRT_20	Num	8	3.	F307: D30. ability to travel by car or bus for distances greater than 2
83	GOING_PLACE	Num	8	3.	F307: D31. going to places if you are unsure about available restrooms?
84	VACATION	Num	8	3.	F307: D32. going on vacation?
85	CHURCH	Num	8	3.	F307: D33. church or temple attendance?
86	VOL_ACT	Num	8	3.	F307: D34. volunteer activities?
87	WORK_OUT	Num	8	3.	F307: D35. employment (work) outside the home?
88	VISIT_FRNDS	Num	8	3.	F307: D36. having friends visit you in your home?
89	SOC_OUT_ACT	Num	8	3.	F307: D37. participation in social activities outside your home?
90	FRIENDS	Num	8	3.	F307: D38. relationship with friends?
91	FAMILY	Num	8	3.	F307: D39. relationship with family excluding husband/companion?
92	HAVE_SEX	Num	8	3.	F307: D40. ability to have sexual relations?
93	WAY_DRESS	Num	8	3.	F307: D41. the way you dress?
94	EMO_HEALTH	Num	8	3.	F307: D42. emotional health?
95	PHYS_HEALTH	Num	8	3.	F307: D43. physical health?
96	SLEEP	Num	8	3.	F307: D44. sleep?
97	ODOR_RTRCT	Num	8	3.	F307: D45. How much does fear of odor restrict your activities?
98	EMBAR_RTRCT	Num	8	3.	F307: D46. How much does fear of embarrassment restrict your activities
99	NERVOUS	Num	8	3.	F307: D47. nervousness or anxiety?
100	FEAR	Num	8	3.	F307: D48. fear?
101	FRUSTRATION	Num	8	3.	F307: D49. frustration?
102	ANGER	Num	8	3.	F307: D50. anger?
103	DEPRESSION	Num	8	3.	F307: D51. depression?
104	EMBARRASS	Num	8	3.	F307: D52. embarrassment?
105	LYING_BED	Num	8	3.	F307: E1. Lying in bed
106	SITTING	Num	8	3.	F307: E2. Sitting
107	GETTING_BED	Num	8	3.	F307: E3. Getting in or out of bed or chair
108	REACHING	Num	8	3.	F307: E4. Reaching or stretching
109	LIFT_LBS	Num	8	3.	F307: E5. Lifting 3 to 5 pounds
110	WALK_INSIDE	Num	8	3.	F307: E6. Walking around inside
111	CLIMBING	Num	8	3.	F307: E7. Climbing up or down stairs
112	WALK_OUTSIDE	Num	8	3.	F307: E8. Walking outside or at work
113	SEDENT_ACT	Num	8	3.	F307: E9. Engaging in sedentary activities
114	LIGHT_PHYACT	Num	8	3.	F307: E10. Engaging in light physical activities

Num	Variable	Type	Len	Informat	Label
115	MOD_PHYACT	Num	8	3.	F307: E11. Engaging in moderate physical
116	VIG_PHYACT	Num	8	3.	F307: E12. Engaging in vigorous physical activities
117	INTERCOURSE	Num	8	3.	F307: E13. Engaging in sexual intercourse
118	LITTLE_INT	Num	8	3.	F307: E14. Little interest or pleasure in doing things
119	FEEL_DOWN	Num	8	3.	F307: E15. Feeling down, depressed, or hopeless
120	TROUB_SLEEP	Num	8	3.	F307: E16. Trouble falling asleep or staying asleep, or sleeping too...
121	FEEL_TIRED	Num	8	3.	F307: E17. Feeling tired or having little energy
122	POOR_APP	Num	8	3.	F307: E18. Poor appetite or overeating
123	FEEL_BAD	Num	8	3.	F307: E19. Feeling bad about yourself
124	TROU_CON	Num	8	3.	F307: E20. Trouble concentrating on things
125	MOVE_SLOW	Num	8	3.	F307: E21. Moving or speaking so slowly
126	DEAD_HURT	Num	8	3.	F307: E22. Thoughts that you would be better off dead
127	HOW_DIFF	Num	8	3.	F307: E23. How difficult have problems made it for you to do your work?
128	SIX_MONTHS	Num	8	3.	F307: F1. Have you engaged in sexual activities with partner: 6 months
129	FREQ_DES	Num	8	3.	F307: G1. How frequently do you feel sexual desire?
130	CLIMAX	Num	8	3.	F307: G2. Do you climax (have an orgasm)?
131	SEX_EXCIT	Num	8	3.	F307: G3. Do you feel sexually excited?
132	SATIS_SEX	Num	8	3.	F307: G4. How satisfied are you with the variety of sexual activities
133	PAIN_SEX	Num	8	3.	F307: G5. Do you feel pain during sexual intercourse?
134	INCON_SEX	Num	8	3.	F307: G6. Are you incontinent of urine with sexual activities?
135	FEAR_SEX	Num	8	3.	F307: G7. Does fear of incontinence restrict your sexual activity?
136	AVOID_SEX	Num	8	3.	F307: G8. Do you avoid sexual intercourse?
137	NEG_SEX	Num	8	3.	F307: G9. Do you have negative emotional reactions?
138	ERECT_SEX	Num	8	3.	F307: G10. Does your partner have a problem with erections?
139	PE_SEX	Num	8	3.	F307: G11. Does your partner have a problem with premature ejaculation?
140	ORGAS_SEX	Num	8	3.	F307: G12. How intense are the orgasms in the past 6 months?
141	PARTNER	Num	8	3.	F307: H1. Do you have a partner at this time?
142	FREQ_DES_2	Num	8	3.	F307: H2. How frequently do you feel sexual desire?
143	SATIS_SEX_2	Num	8	3.	F307: H3. How satisfied are you with the variety of sexual activities
144	PAIN_SEX_2	Num	8	3.	F307: H4. Fear of pain during sexual intercourse restrict activities?
145	INCON_SEX_2	Num	8	3.	F307: H5. Does fear of incontinence restrict your sexual activity?
146	AVOID_SEX_2	Num	8	3.	F307: H6. Avoid sexual intercourse because of bulging in the vagina?
147	AID	Num	8		Subject ID

*Data Set Name: f308.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	FORM_LANG	Num	8	3.	F308: A7. Form Version
2	REPEAT_MEAS	Num	8	3.	F308: A8. Is this a repeat measure?
3	AB_PAIN	Num	8	3.	F308: B1. Have you had lower abdominal pain in the last 24 hours?
4	AB_PAIN_A	Num	8	3.	F308: B1a. These fields should be coded by a certified Pain Diary Coder
5	AB_PAIN_B	Num	8	4.	F308: B1b. Rate the intensity of the lower abdominal pain
6	THIGH_PAIN	Num	8	3.	F308: B2. Have you had inner thigh pain in the last 24 hours?
7	THIGH_PAIN_A	Num	8	3.	F308: B2a. These fields should be coded by a certified Pain Diary Coder
8	THIGH_PAIN_B	Num	8	4.	F308: B2b. Rate the intensity of the inner thigh pain
9	VAG_PAIN	Num	8	3.	F308: B3. Have you had pain inside your vagina in the last 24 hours?
10	VAG_PAIN_B	Num	8	4.	F308: B3b. Rate the intensity of the pain inside your vagina
11	GROIN_PAIN	Num	8	3.	F308: B4. Have you had groin pain in the last 24 hours?
12	GROIN_PAIN_A	Num	8	3.	F308: B4a. These fields should be coded by a certified Pain Diary Coder
13	GROIN_PAIN_B	Num	8	4.	F308: B4b. Rate the intensity of the groin pain
14	BACK_PAIN	Num	8	3.	F308: B5. Have you had back pain in the last 24 hours?
15	BACK_PAIN_A	Num	8	3.	F308: B5a. These fields should be coded by a certified Pain Diary Coder
16	BACK_PAIN_B	Num	8	4.	F308: B5b. Rate the intensity of the back pain
17	FLEG_PAIN	Num	8	3.	F308: B6. Have you had front leg pain in the last 24 hours?
18	FLEG_PAIN_A	Num	8	3.	F308: B6a. These fields should be coded by a certified Pain Diary Coder
19	FLEG_PAIN_B	Num	8	4.	F308: B6b. Rate the intensity of the front leg pain
20	BLEG_PAIN	Num	8	3.	F308: B7. Have you had front back leg pain in the last 24 hours?
21	BLEG_PAIN_A	Num	8	3.	F308: B7a. These fields should be coded by a certified Pain Diary Coder
22	BLEG_PAIN_B	Num	8	4.	F308: B7b. Rate the intensity of the back leg pain
23	AT_REST	Num	8	4.	F308: C1. Average amount of pain at rest?
24	DAILY_ACT	Num	8	4.	F308: C2. How much pain did you have during your daily activities?
25	STREN_WORK	Num	8	4.	F308: C3. Pain when having sex, exercising, strenuous work, lifting?
26	WORST_PAIN	Num	8	4.	F308: C4. Worst pain in last 24 hours?
27	PAIN_MED	Num	8	3.	F308: D1. Did you use any pain medicines in the last 24 hours?
28	AID	Num	8		Subject ID

**Data Set Name: f309.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	PRE_SURG	Num	8	3.	F309: C1. Does patient meet all pre-surgical eligibility requirements?
2	SIGN_SEC_C	Num	8	3.	F309: C3a. Form signed by Data Collector completing Section C?
3	ASA_CLASS	Num	8	3.	F309: D1. Is the patient ASA Class I, II or III per anesthesiologist?
4	TELE_ASSIGN	Num	8	3.	F309: D3. What was the assignment by telephone?
5	REASON	Num	8	3.	F309: E1. Reason patient was not randomized by telephone:
6	ENV_ASSIGN	Num	8	3.	F309: E2. What was the assignment by envelope?
7	ENV_NUM	Num	8	3.	F309: E3. Envelope number:
8	WHY_NOT	Char	150	\$150.	F309: E4. Why not?
9	RAND_EXP_Days	Num	8		f309,C2a.Expiration date, days since randomization
10	RAND_Days	Num	8		f309,D2.What is the date of randomization,days since randomization
11	AID	Num	8		Subject ID
12	REVIEW_Daysnew	Num	8		f309,B2. Date Review Completed: days since randomization



**Data Set Name: f310.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	WHICH_SURG	Num	8	3.	F310: A5. Which Mid Urethral Sling procedure was performed?
2	OTH_SURG	Num	8	3.	F310: B1. Were any other surgeries performed?
3	UT_LIG_SUS	Num	8	3.	F310: B1a. Uterosacral ligament vault suspension
4	ANT_COL	Num	8	3.	F310: B1d. Anterior colporrhaphy
5	ST_POST_COL	Num	8	3.	F310: B1f. Standard posterior colporrhaphy
6	DEF_POST_REP	Num	8	3.	F310: B1g. Defect-directed posterior repair
7	POST_REP	Num	8	3.	F310: B1h. Posterior repair with allograft or autograft
8	VAG_HYST	Num	8	3.	F310: B1i. Vaginal hysterectomy
9	OOPH	Num	8	3.	F310: B1j. Oophorectomy
10	DIFF_SURG	Num	8	3.	F310: B1k. Other
11	GEN_ANES	Num	8	3.	F310: B4a. General
12	SPIN_ANES	Num	8	3.	F310: B4b. Spinal
13	EPI_ANES	Num	8	3.	F310: B4c. Epidural
14	SED_ANES	Num	8	3.	F310: B4d. Sedation
15	LOC_ANES	Num	8	3.	F310: B4e. Local
16	L_ANES_OB	Num	8	3.	F310: B4dia. Obturator
17	L_ANES_AB	Num	8	3.	F310: B4dib. Abdomen
18	L_ANES_VAG	Num	8	3.	F310: B4dic. Vagina
19	MED_EPI	Num	8	3.	F310: B4diii. With or without epinephrine?
20	ANTI_PRIOR	Num	8	3.	F310: B5. Given prophylactic antibiotics prior to surgery?
21	ADDL_DOSE	Num	8	3.	F310: B5b. Was an additional dose given?
22	RETRO_HYDRO	Num	8	3.	F310: B6. Was hydrodissection performed in the retropubic space?
23	EBL_CASE	Num	8	5.	F310: C1a. Entire case
24	EBL_SLING	Num	8	5.	F310: C1b. Mid-urethral sling
25	PI_VASO	Num	8	3.	F310: C2a. Pre-incision vasopressin
26	D_PRESSURE	Num	8	3.	F310: C2b. Direct pressure
27	PACKING	Num	8	3.	F310: C2c. Packing
28	SUTURE	Num	8	3.	F310: C2d. Suture
29	INC_EXTENDED	Num	8	3.	F310: C2e. Extension of incision and explorations
30	BLOOD_TRANS	Num	8	3.	F310: C3. Red blood cell transfusion during surgery?
31	NUM_AUT	Num	8	3.	F310: C3a. Number of autologous units
32	NUM_NONAUT	Num	8	3.	F310: C3b. Number of non-autologous units
33	VAG_EPI_PERF	Num	8	3.	F310: C4. Did vaginal epithelium perforation occur?
34	CYST_RESULTS	Num	8	3.	F310: C5. Results of cystoscopy:
35	BLAD_PER	Num	8	3.	F310: C5a. Did bladder perforation occur?
36	BP_LOC_LAT	Num	8	3.	F310: C5aia. Lateral

Num	Variable	Type	Len	Informat	Label
37	BP_LOC_DOME	Num	8	3.	F310: C5aib. Dome
38	BP_LOC_TRIG	Num	8	3.	F310: C5aic. Trigone
39	BP_TROCAR	Num	8	3.	F310: C5aii. Bladder perforation: management beyond removal of trocar?
40	URETH_PER	Num	8	3.	F310: C5b. Did urethral perforation occur?
41	UP_TROCAR	Num	8	3.	F310: C5bi. Urethral perforation: management beyond removal of trocar?
42	AE_SURG	Num	8	3.	F310: C6. Did any AEs or complications occur during surgery?
43	BL_OTHER	Num	8	3.	F310: C2f. Other:
44	dur_surg	Num	8		Total surgery time (in mins)
45	dur_sling_surg	Num	8		Mid urethral sling time (in mins)
46	concomsx	Num	8		Concom Surg
47	nconcomsx	Num	8		# Concom Surgs
48	AID	Num	8		Subject ID

**Data Set Name: f311.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AE_POSTOP	Num	8	3.	F311: B2. Did any adverse events or complications occur?
2	RETRO_VT	Num	8	3.	F311: C1. Was a voiding trial completed prior to discharge?
3	LAST_VT	Num	8	3.	F311: C1a. What was the date of the last voiding trial?
4	CON_SURG	Num	8	3.	F311: C1aiia. Concurrent surgery
5	BLAD_PER	Num	8	3.	F311: C1aiib. Bladder perforation
6	VAG_PACK	Num	8	3.	F311: C1aiic. Vaginal pack
7	REG_ANESTH	Num	8	3.	F311: C1aiid. Regional anesthesia
8	OVER_SED	Num	8	3.	F311: C1aiie. Over sedation
9	EX_DISCOM	Num	8	3.	F311: C1aiif. Excessive discomfort
10	STAFF_CON	Num	8	3.	F311: C1aiig. Staff constraints
11	VT_OTHER	Num	8	3.	F311: C1aiih. Other
12	BLAD_FILL	Num	8	3.	F311: C2. Was the bladder filled to 300mL or to bladder capacity <300?
13	MCC	Num	8	4.	F311: C2a. Specify bladder capacity
14	VOID_VOL	Num	8	5.	F311: C3. Voided volume
15	PVR	Num	8	5.	F311: C4. PVR
16	PVR_METHOD	Num	8	3.	F311: C4a. Was the PVR calculated or measured?
17	LAST_VT_OUT	Num	8	3.	F311: C5. Outcome of last voiding trial?
18	VM_DISCHARGE	Num	8	3.	F311: C6. Specify type of voiding management at discharge
19	DIS_MED	Num	8	3.	F311: D3. Was the patient discharged with medications?
20	PL_SIG	Num	8	3.	F311: E1. Is the form signed by the surgeon?
21	VT_Days	Num	8		f311,C1ai.Specify date voiding trial performed,days since randomization
22	HOSP_ADMIT_days	Num	8		f311,D1. Date of hospital admission, days since randomization
23	HOSP_DIS_days	Num	8		f311,AD2. Date of discharge, days since randomization
24	CD_COMP_Days	Num	8		f311,D5. Initials of Person Completing Sections C and D, since randomization days
25	AID	Num	8		Subject ID

**Data Set Name: f312.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	\$4.	\$4.	F312: A2. Visit
2	MODE1	Num	8		3.	F312: A5. Mode
3	FORM_LANG	Num	8		3.	F312: A6. Which version of this form was used
4	REPEAT_MEAS	Num	8		3.	F312: A7. Is this a repeat measure
5	LINERS	Num	8		3.	F312: B1. Pantyliners or minipads
6	MAXIPADS	Num	8		3.	F312: B2. Maxipads such as Kotex or Modess
7	INCONT_PADS	Num	8		3.	F312: B3. Incontinence Pads such as Serenity or Poise
8	DIAPERS	Num	8		3.	F312: B4. Diapers such as Depends or Attends
9	URETH_PADS	Num	8		3.	F312: B5. Urethral pads such as Impress, Femassist
10	TOILET_PAP	Num	8		3.	F312: B6. Toilet paper
11	PAP_TOWEL	Num	8		3.	F312: B7. Paper towels
12	OTHER	Num	8		3.	F312: B8a. Other
13	UNDERWEAR	Num	8		3.	F312: B9. Underwear
14	INCON_PANTS	Num	8		3.	F312: B10. Incontinence pants
15	CLOTHING	Num	8		3.	F312: B11. Clothing
16	TOWELS	Num	8		3.	F312: B12. Towels or wash clothes
17	BED_LINENS	Num	8		3.	F312: B13. Bed linens
18	BED_PAD	Num	8		3.	F312: B14. Bed pad
19	CHAIR_PROT	Num	8		3.	F312: B15. Chair protection
20	LAUNDRY	Num	8		3.	F312: B16. How many loads of wash did you do 7 days
21	DC_PANTS	Num	8		3.	F312: B17. Pants
22	DC_SKIRT	Num	8		3.	F312: B18. Skirt
23	DC_DRESS	Num	8		3.	F312: B19. Dress
24	DC_SUIT	Num	8		3.	F312: B20. Suit
25	DC_BLOUSE	Num	8		3.	F312: B21. Blouse
26	LIMIT_EMPLOY	Num	8		3.	F312: B22. Urinary incontinence limit years of employment
27	AGE	Num	8	X401F.	3.	F312: B22a. If yes, how old were you
28	ADDL_MONEY	Num	8	X401F.	9.2	F312: B22b. How much additional money per month...?
29	SEE_NEWS	Num	8		3.	F312: C1. Which one best describes your ability to see... past week
30	SEE_FRIEND	Num	8		3.	F312: C2. Which one of the following describes... recognize friend
31	HEAR_GROUP	Num	8		3.	F312: C3. Which one of the following... to hear what was said
32	HEAR_QUIET	Num	8		3.	F312: C4. conversation with one other person in a quiet room?
33	UNDER_STRANG	Num	8		3.	F312: C5. To be understood when speaking your own language?
34	UNDER_FRIEND	Num	8		3.	F312: C6. To be understood when speaking with people?
35	FEELING_1	Num	8		3.	F312: C7. You have been feeling?
36	DISCOMFORT_1	Num	8		3.	F312: C8. Pain and discomfort you have experienced?

Num	Variable	Type	Len	Format	Informat	Label
37	WALK	Num	8		3.	F312: C9. Ability to walk?
38	HANDS_FINGS	Num	8		3.	F312: C10. Use your hands and fingers?
39	REMEMBER	Num	8		3.	F312: C11. Ability to remember things?
40	THINK_SOLVE	Num	8		3.	F312: C12. To think and solve day to day problems?
41	BASIC_ACT	Num	8		3.	F312: C13. Basic activities
42	FEELING_2	Num	8		3.	F312: C14. Feeling during the past week
43	DISCOMFORT_2	Num	8		3.	F312: C15. Pain or discomfort
44	HEALTH_RATE	Num	8		3.	F312: C16. Rate your health
45	COMPLETION	Num	8		3.	F312: C17. How did you complete the questionnaire
46	WHO_COMP	Num	8		3.	F312: C17a. Who completed it?
47	LEAK_3	Num	8		3.	F312: D1. Reduce incontinence by 25%
48	LEAK_2	Num	8		3.	F312: D2. Reduce incontinence by 50%
49	NO_LEAK	Num	8		3.	F312: D3. You do not leak urine
50	PERS_INCOME	Num	8		3.	F312: D4. Personal income
51	HH_INCOME	Num	8		3.	F312: D5. Combined or total income of your household
52	AID	Num	8			Subject ID

**Data Set Name: f313.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	REPEAT_MEAS	Num	8	3.	F313: A3. Are these repeat measures due to previously expired measures
2	ST_VOID_VOL	Num	8	4.	F313: B1. Voided volume
3	EMPTY_ST	Num	8	3.	F313: B2. Outcome of empty bladder stress test (EBST):
4	EMPTY_ST_VAL	Num	8	3.	F313: B2ai. Positive with Valsalva in dorsal lithotomy position?
5	EMPTY_ST_DOR	Num	8	3.	F313: B2aii. Positive with cough in dorsal lithotomy position?
6	EBST_PVR	Num	8	4.	F313: B3. Record the volume of the EBST (i.e. PVR):
7	B4_COMP	Num	8	3.	F313: B3a. Are questions B4 and B4a completed?
8	BLAD_FILL	Num	8	3.	F313: B4. Was the bladder filled to 300mL or to an MCC <300mL?
9	MCC	Num	8	4.	F313: B4a. Record MCC:
10	B5_COMP	Num	8	3.	F313: B4b. Are questions B5 and B5a completed?
11	FULL_BLAD_ST	Num	8	3.	F313: B5. Outcome of full bladder stress test (FBST):
12	DOR_VAL	Num	8	3.	F313: B5ai. positive with Valsalva in dorsal lithotomy position?
13	DOR_COUGH	Num	8	3.	F313: B5aii. positive with cough in dorsal lithotomy position?
14	STAND_VAL	Num	8	3.	F313: B5aiii. positive with Valsalva standing?
15	STAND_COUGH	Num	8	3.	F313: B5aiv. positive with cough standing?
16	C1_COMP	Num	8	3.	F313: C0. Are questions C1, C2 and C2a completed?
17	VOID_VOL	Num	8	5.	F313: C1. Voided volume
18	PVR	Num	8	4.	F313: C2. PVR
19	PVR_METHOD	Num	8	3.	F313: C2a. Was the PVR...
20	ANTIBIOTIC	Num	8	3.	F313: C3. Was a prophylactic antibiotic given?
21	ELIG_ST	Num	8	3.	F313: D1. Is the patient eligible by Stress Test?
22	ELIG_PVR	Num	8	3.	F313: D2. Is the patient eligible by PVR?
23	ELIG_MCC	Num	8	3.	F313: D3. Is the patient eligible by bladder capacity by stress test?
24	ALL_ELIG_SUM	Num	8	3.	F313: D4. Does the patient meet all eligibility criteria?
25	VT_COMP_Days	Num	8		f313,C4.Date Testing Completed, days since randomization
26	VT_ABST_Days	Num	8		f313,C6.Date Abstract Completed, days since randomization
27	ELIG_COMP_days	Num	8		f313,D5:Eligibility Determination Completed On, days since randomization
28	AID	Num	8		Subject ID

**Data Set Name: f314.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	REPEAT_MEAS	Num	8	3.	F314: A3. Is this a repeat measure due to a previously expired measure
2	qtip_rst	Num	8		Resting Angle
3	qtip_str	Num	8		Angle at Maximum Straining
4	qtip_delta	Num	8		Angle at Maximum Straining - Resting Angle
5	AID	Num	8		Subject ID

**Data Set Name: f315.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F315: A2. Visit
3	REPEAT_MEAS	Num	8	3.	F315: A5. Is this a Repeat Measure?
4	DIPSTICK_1	Num	8	3.	F315: B1. Was urine dipstick obtained prior to this visit?
5	DIP1_NEG	Num	8	3.	F315: B1b. Was result negative for leukocytes?
6	DIPSTICK_2	Num	8	3.	F315: B1c. Was catheter specimen obtained and dipstick repeated?
7	DIP2_NEG	Num	8	3.	F315: B1d. Was result negative for leukocytes?
8	PVR	Num	8	5.	F315: B2. Recorded volume of PVR:



**Data Set Name: f316.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	VISIT	Char	4	\$4.	F316: A2. Visit #
2	ASTHMA	Num	8	3.	F316: B5. Do you have asthma?
3	ASTHMA_MED	Num	8	3.	F316: B5a. Do you take medicines for your asthma?
4	ASTH_MED_FRE	Num	8	3.	F316: B5b. Do you take these medicines...
5	LUNG_DIS	Num	8	3.	F316: B6. Emphysema, chronic bronchitis, or chronic lung disease?
6	LUNG_MED	Num	8	3.	F316: B6a. Do you take medicines for your lung disease
7	LUNG_MED_FRE	Num	8	3.	F316: B6b. Do you take these medicines...
8	ULCER	Num	8	3.	F316: B7. Do you have stomach ulcers, or peptic ulcer disease?
9	ULCER_DIAG	Num	8	3.	F316: B7a. Has this condition been diagnosed by endoscopy?
10	DIABETES	Num	8	3.	F316: B8. Do you have diabetes (high blood sugar)?
11	DIAB_DIET	Num	8	3.	F316: B8ai. Diabetes treated: by modifying your diet?
12	DIAB_MED	Num	8	3.	F316: B8aii. Diabetes treated: by taking medications by mouth?
13	DIABE_INJ	Num	8	3.	F316: B8aiii. Diabetes treated: by insulin injections?
14	DIALYSIS	Num	8	3.	F316: B9b. Problems with kidneys: Hemodialysis or peritoneal dialysis
15	KID_TRANS	Num	8	3.	F316: B9c. Problems with kidneys: Kidney transplantation
16	ARTHRITIS	Num	8	3.	F316: B10. Do you have rheumatoid arthritis?
17	ARTH_MED	Num	8	3.	F316: B10a. Do you take medications for it regularly?
18	OTH_CANCER	Num	8	3.	F316: B13e. Cancer, other than skin cancer, leukemia, or lymphoma
19	CANC_SPREAD	Num	8	3.	F316: B13ei. has cancer spread, or metastasized to other parts of body
20	AID	Num	8		Subject ID

**Data Set Name: f318.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	VISIT	Char	4	\$4.	F318: A2. Visit #
2	NUM_DAYS	Num	8	3.	F318: A7. Number of diary days recorded herein
3	FORM_LANG	Num	8	3.	F318: A8. Form Version
4	Day1_date	Num	8		the day1 date minus the randomization date
5	DAY1_TIMEB	Num	8	3.	F3A8: 1B0b. Day1: Time: AM PM
6	DAY1_DAY	Num	8	3.	F3A8: 1B0c. Day1: Day
7	DY1_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 1)
8	ab_pn1	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 1)
9	DY1_AB_A	Num	8	3.	F3A8: 1B1a. Lower abdominal pain: Mark an "X" on the picture
10	ab_int1	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 1)
11	thigh_pn1	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 1)
12	DY1_THIGH_A	Num	8	3.	F3A8: 1B2a. Inner thigh pain: Mark an "X" on the picture
13	thigh_int1	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 1)
14	vag_pn1	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 1)
15	vag_int1	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 1)
16	groin_pn1	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 1)
17	DY1_GROIN_A	Num	8	3.	F3A8: 1B4a. Have you had pain outside vagina: Mark an "X" on picture
18	groin_int1	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 1)
19	atrest_int1	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 1)
20	dlyact_int1	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 1)
21	stnwk_int1	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 1)
22	wstpnt_int1	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 1)
23	DY1_PN_MED	Num	8	3.	F3A8: 1D1. Did you use pain medicines in the last 24 hours
24	Day2_date	Num	8		the day2 date minus the randomization date
25	DAY2_TIMEB	Num	8	3.	F3A8: 2B0b. Day 2: Time: AM PM
26	DAY2_DAY	Num	8	3.	F3A8: 2B0c. Day 2: Day
27	DY2_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 2)
28	ab_pn2	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 2)
29	DY2_AB_A	Num	8	3.	F3A8: 2B1a. Lower abdominal pain: Mark an "X" on the picture
30	ab_int2	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 2)
31	thigh_pn2	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 2)
32	DY2_THIGH_A	Num	8	3.	F3A8: 2B2a. Inner thigh pain: Mark an "X" on the picture
33	thigh_int2	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 2)
34	vag_pn2	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 2)
35	vag_int2	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 2)
36	groin_pn2	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 2)

Num	Variable	Type	Len	Informat	Label
37	DY2_GROIN_A	Num	8	3.	F3A8: 2B4a. Have you had pain outside vagina: Mark an "X" on picture
38	groin_int2	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 2)
39	atrest_int2	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 2)
40	dlyact_int2	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 2)
41	stnwk_int2	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 2)
42	wstpnt_int2	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 2)
43	DY2_PN_MED	Num	8	3.	F3A8: 2D1. Did you use pain medicines in the last 24 hours
44	Day3_date	Num	8		the day3 date minus the randomization date
45	DAY3_TIMEB	Num	8	3.	F3A8: 3B0b. Day 3: Time: AM PM
46	DAY3_DAY	Num	8	3.	F3A8: 3B0c. Day 3: Day
47	DY3_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 3)
48	ab_pn3	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 3)
49	DY3_AB_A	Num	8	3.	F3A8: 3B1a. Lower abdominal pain: Mark an "X" on the picture
50	ab_int3	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 3)
51	thigh_pn3	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 3)
52	DY3_THIGH_A	Num	8	3.	F3A8: 3B2a. Inner thigh pain: Mark an "X" on the picture
53	thigh_int3	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 3)
54	vag_pn3	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 3)
55	vag_int3	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 3)
56	groin_pn3	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 3)
57	DY3_GROIN_A	Num	8	3.	F3A8: 3B4a. Have you had pain outside vagina: Mark an "X" on picture
58	groin_int3	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 3)
59	atrest_int3	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 3)
60	dlyact_int3	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 3)
61	stnwk_int3	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 3)
62	wstpnt_int3	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 3)
63	DY3_PN_MED	Num	8	3.	F3A8: 3D1. Did you use pain medicines in the last 24 hours
64	Day4_date	Num	8		the day4 date minus the randomization date
65	DAY4_TIMEB	Num	8	3.	F3A8: 4B0b. Day 4: Time: AM PM
66	DAY4_DAY	Num	8	3.	F3A8: 4B0c. Day 4: Day
67	DY4_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 4)
68	ab_pn4	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 4)
69	DY4_AB_A	Num	8	3.	F3A8: 4B1a. Lower abdominal pain: Mark an "X" on the picture
70	ab_int4	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 4)
71	thigh_pn4	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 4)
72	DY4_THIGH_A	Num	8	3.	F3A8: 4B2a. Inner thigh pain: Mark an "X" on the picture
73	thigh_int4	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 4)
74	vag_pn4	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 4)
75	vag_int4	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 4)

Num	Variable	Type	Len	Informat	Label
76	groin_pn4	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 4)
77	DY4_GROIN_A	Num	8	3.	F3A8: 4B4a. Have you had pain outside vagina: Mark an "X" on picture
78	groin_int4	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 4)
79	atrest_int4	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 4)
80	dlyact_int4	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 4)
81	stnwk_int4	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 4)
82	wstp_n_int4	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 4)
83	DY4_PN_MED	Num	8	3.	F3A8: 4D1. Did you use pain medicines in the last 24 hours
84	Day5_date	Num	8		the day5 date minus the randomization date
85	DAY5_TIMEB	Num	8	3.	F3A8: 5B0b. Day 5: Time: AM PM
86	DAY5_DAY	Num	8	3.	F3A8: 5B0c. Day 5: Day
87	DY5_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 5)
88	ab_pn5	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 5)
89	DY5_AB_A	Num	8	3.	F3A8: 5B1a. Lower abdominal pain: Mark an "X" on the picture
90	ab_int5	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 5)
91	thigh_pn5	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 5)
92	DY5_THIGH_A	Num	8	3.	F3A8: 5B2a. Inner thigh pain: Mark an "X" on the picture
93	thigh_int5	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 5)
94	vag_pn5	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 5)
95	vag_int5	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 5)
96	groin_pn5	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 5)
97	DY5_GROIN_A	Num	8	3.	F3A8: 5B4a. Have you had pain outside vagina: Mark an "X" on picture
98	groin_int5	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 5)
99	atrest_int5	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 5)
100	dlyact_int5	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 5)
101	stnwk_int5	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 5)
102	wstp_n_int5	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 5)
103	DY5_PN_MED	Num	8	3.	F3A8: 5D1. Did you use pain medicines in the last 24 hours
104	Day6_date	Num	8		the day6 date minus the randomization date
105	DAY6_TIMEB	Num	8	3.	F3B8: 6B0b. Day 6: Time: AM PM
106	DAY6_DAY	Num	8	3.	F3B8: 6B0c. Day 6: Day
107	DY6_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 6)
108	ab_pn6	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 6)
109	DY6_AB_A	Num	8	3.	F3B8: 6B1a. Lower abdominal pain: Mark an "X" on the picture
110	ab_int6	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 6)
111	thigh_pn6	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 6)
112	DY6_THIGH_A	Num	8	3.	F3B8: 6B2a. Inner thigh pain: Mark an "X" on the picture
113	thigh_int6	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 6)
114	vag_pn6	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 6)

Num	Variable	Type	Len	Informat	Label
115	vag_int6	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 6)
116	groin_pn6	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 6)
117	DY6_GROIN_A	Num	8	3.	F3B8: 6B4a. Have you had pain outside vagina: Mark an "X" on picture
118	groin_int6	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 6)
119	atrest_int6	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 6)
120	dlyact_int6	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 6)
121	stnwk_int6	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 6)
122	wstpnt_int6	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 6)
123	DY6_PN_MED	Num	8	3.	F3B8: 6D1. Did you use pain medicines in the last 24 hours
124	Day7_date	Num	8		the day7 date minus the randomization date
125	DAY7_TIMEB	Num	8	3.	F3B8: 7B0b. Day 7: Time: AM PM
126	DAY7_DAY	Num	8	3.	F3B8: 7B0c. Day 7: Day
127	DY7_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 7)
128	ab_pn7	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 7)
129	DY7_AB_A	Num	8	3.	F3B8: 7B1a. Lower abdominal pain: Mark an "X" on the picture
130	ab_int7	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 7)
131	thigh_pn7	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 7)
132	DY7_THIGH_A	Num	8	3.	F3B8: 7B2a. Inner thigh pain: Mark an "X" on the picture
133	thigh_int7	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 7)
134	vag_pn7	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 7)
135	vag_int7	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 7)
136	groin_pn7	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 7)
137	DY7_GROIN_A	Num	8	3.	F3B8: 7B4a. Have you had pain outside vagina: Mark an "X" on picture
138	groin_int7	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 7)
139	atrest_int7	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 7)
140	dlyact_int7	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 7)
141	stnwk_int7	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 7)
142	wstpnt_int7	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 7)
143	DY7_PN_MED	Num	8	3.	F3B8: 7D1. Did you use pain medicines in the last 24 hours
144	Day8_date	Num	8		the day8 date minus the randomization date
145	DAY8_TIMEB	Num	8	3.	F3B8: 8B0b. Day 8: Time: AM PM
146	DAY8_DAY	Num	8	3.	F3B8: 8B0c. Day 8: Day
147	DY8_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 8)
148	ab_pn8	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 8)
149	DY8_AB_A	Num	8	3.	F3B8: 8B1a. Lower abdominal pain: Mark an "X" on the picture
150	ab_int8	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 8)
151	thigh_pn8	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 8)
152	DY8_THIGH_A	Num	8	3.	F3B8: 8B2a. Inner thigh pain: Mark an "X" on the picture
153	thigh_int8	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 8)

Num	Variable	Type	Len	Informat	Label
154	vag_pn8	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 8)
155	vag_int8	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 8)
156	groin_pn8	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 8)
157	DY8_GROIN_A	Num	8	3.	F3B8: 8B4a. Have you had pain outside vagina: Mark an "X" on picture
158	groin_int8	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 8)
159	atrest_int8	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 8)
160	dlyact_int8	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 8)
161	stnwk_int8	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 8)
162	wstpn_int8	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 8)
163	DY8_PN_MED	Num	8	3.	F3B8: 8D1. Did you use pain medicines in the last 24 hours
164	Day9_date	Num	8		the day9 date minus the randomization date
165	DAY9_TIMEB	Num	8	3.	F3B8: 9B0b. Day 9: Time: AM PM
166	DAY9_DAY	Num	8	3.	F3B8: 9B0c. Day 9: Day
167	DY9_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 9)
168	ab_pn9	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 9)
169	DY9_AB_A	Num	8	3.	F3B8: 9B1a. Lower abdominal pain: Mark an "X" on the picture
170	ab_int9	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 9)
171	thigh_pn9	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 9)
172	DY9_THIGH_A	Num	8	3.	F3B8: 9B2a. Inner thigh pain: Mark an "X" on the picture
173	thigh_int9	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 9)
174	vag_pn9	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 9)
175	vag_int9	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 9)
176	groin_pn9	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 9)
177	DY9_GROIN_A	Num	8	3.	F3B8: 9B4a. Have you had pain outside vagina: Mark an "X" on picture
178	groin_int9	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 9)
179	atrest_int9	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 9)
180	dlyact_int9	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 9)
181	stnwk_int9	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 9)
182	wstpn_int9	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 9)
183	DY9_PN_MED	Num	8	3.	F3B8: 9D1. Did you use pain medicines in the last 24 hours
184	Day10_date	Num	8		the day10 date minus the randomization date
185	DAY10_TIMEB	Num	8	3.	F3B8: 10B0b. Day 10: Time: AM PM
186	DAY10_DAY	Num	8	3.	F3B8: 10B0c. Day 10: Day
187	DY10_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 10)
188	ab_pn10	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 10)
189	DY10_AB_A	Num	8	3.	F3B8: 10B1a. Lower abdominal pain: Mark an "X" on the picture
190	ab_int10	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 10)
191	thigh_pn10	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 10)
192	DY10_THIGH_A	Num	8	3.	F3B8: 10B2a. Inner thigh pain: Mark an "X" on the picture

Num	Variable	Type	Len	Informat	Label
193	thigh_int10	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 10)
194	vag_pn10	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 10)
195	vag_int10	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 10)
196	groin_pn10	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 10)
197	DY10_GROIN_A	Num	8	3.	F3B8: 10B4a. Have you had pain outside vagina: Mark an "X" on picture
198	groin_int10	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 10)
199	atrest_int10	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 10)
200	dlyact_int10	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 10)
201	stnwk_int10	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 10)
202	wstp_n_int10	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 10)
203	DY10_PN_MED	Num	8	3.	F3B8: 10D1. Did you use pain medicines in the last 24 hours
204	Day11_date	Num	8		the day11 date minus the randomization date
205	DAY11_TIMEB	Num	8	3.	F3C8: 11B0b. Day11: Time: AM PM
206	DAY11_DAY	Num	8	3.	F3C8: 11B0c. Day11: Day
207	DY11_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 11)
208	ab_pn11	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 11)
209	DY11_AB_A	Num	8	3.	F3C8: 11B1a. Lower abdominal pain: Mark an "X" on the picture
210	ab_int11	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 11)
211	thigh_pn11	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 11)
212	DY11_THIGH_A	Num	8	3.	F3C8: 11B2a. Inner thigh pain: Mark an "X" on the picture
213	thigh_int11	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 11)
214	vag_pn11	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 11)
215	vag_int11	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 11)
216	groin_pn11	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 11)
217	DY11_GROIN_A	Num	8	3.	F3C8: 11B4a. Have you had pain outside vagina: Mark an "X" on picture
218	groin_int11	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 11)
219	atrest_int11	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 11)
220	dlyact_int11	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 11)
221	stnwk_int11	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 11)
222	wstp_n_int11	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 11)
223	DY11_PN_MED	Num	8	3.	F3C8: 11D1. Did you use pain medicines in the last 24 hours
224	Day12_date	Num	8		the day12 date minus the randomization date
225	DAY12_TIMEB	Num	8	3.	F3C8: 12B0b. Day 12: Time: AM PM
226	DAY12_DAY	Num	8	3.	F3C8: 12B0c. Day 12: Day
227	DY12_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 12)
228	ab_pn12	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 12)
229	DY12_AB_A	Num	8	3.	F3C8: 12B1a. Lower abdominal pain: Mark an "X" on the picture
230	ab_int12	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 12)
231	thigh_pn12	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 12)

Num	Variable	Type	Len	Informat	Label
232	DY12_THIGH_A	Num	8	3.	F3C8: 12B2a. Inner thigh pain: Mark an "X" on the picture
233	thigh_int12	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 12)
234	vag_pn12	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 12)
235	vag_int12	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 12)
236	groin_pn12	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 12)
237	DY12_GROIN_A	Num	8	3.	F3C8: 12B4a. Have you had pain outside vagina: Mark an "X" on picture
238	groin_int12	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 12)
239	atrest_int12	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 12)
240	dlyact_int12	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 12)
241	stnwk_int12	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 12)
242	wstp_n_int12	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 12)
243	DY12_PN_MED	Num	8	3.	F3C8: 12D1. Did you use pain medicines in the last 24 hours
244	Day13_date	Num	8		the day13 date minus the randomization date
245	DAY13_TIMEB	Num	8	3.	F3C8: 13B0b. Day 13: Time: AM PM
246	DAY13_DAY	Num	8	3.	F3C8: 13B0c. Day 13: Day
247	DY13_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 13)
248	ab_pn13	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 13)
249	DY13_AB_A	Num	8	3.	F3C8: 13B1a. Lower abdominal pain: Mark an "X" on the picture
250	ab_int13	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 13)
251	thigh_pn13	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 13)
252	DY13_THIGH_A	Num	8	3.	F3C8: 13B2a. Inner thigh pain: Mark an "X" on the picture
253	thigh_int13	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 13)
254	vag_pn13	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 13)
255	vag_int13	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 13)
256	groin_pn13	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 13)
257	DY13_GROIN_A	Num	8	3.	F3C8: 13B4a. Have you had pain outside vagina: Mark an "X" on picture
258	groin_int13	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 13)
259	atrest_int13	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 13)
260	dlyact_int13	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 13)
261	stnwk_int13	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 13)
262	wstp_n_int13	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 13)
263	DY13_PN_MED	Num	8	3.	F3C8: 13D1. Did you use pain medicines in the last 24 hours
264	Day14_date	Num	8		the day14 date minus the randomization date
265	DAY14_TIMEB	Num	8	3.	F3C8: 14B0b. Day 14: Time: AM PM
266	DAY14_DAY	Num	8	3.	F3C8: 14B0c. Day 14: Day
267	DY14_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 14)
268	ab_pn14	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 14)
269	DY14_AB_A	Num	8	3.	F3C8: 14B1a. Lower abdominal pain: Mark an "X" on the picture
270	ab_int14	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 14)



Num	Variable	Type	Len	Informat	Label
271	thigh_pn14	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 14)
272	DY14_THIGH_A	Num	8	3.	F3C8: 14B2a. Inner thigh pain: Mark an "X" on the picture
273	thigh_int14	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 14)
274	vag_pn14	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 14)
275	vag_int14	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 14)
276	groin_pn14	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 14)
277	DY14_GROIN_A	Num	8	3.	F3C8: 14B4a. Have you had pain outside vagina: Mark an "X" on picture
278	groin_int14	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 14)
279	atrest_int14	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 14)
280	dlyact_int14	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 14)
281	stnwk_int14	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 14)
282	wstp_n_int14	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 14)
283	DY14_PN_MED	Num	8	3.	F3C8: 14D1. Did you use pain medicines in the last 24 hours
284	Day15_date	Num	8		the day15 date minus the randomization date
285	DAY15_TIMEB	Num	8	3.	F3C8: 15B0b. Day 15: Time: AM PM
286	DAY15_DAY	Num	8	3.	F3C8: 15B0c. Day 15: Day
287	DY15_ANY_PAIN	Num	8	3.	F318: B0. Any pain due to operation (Day 15)
288	ab_pn15	Num	8		F318: B1a. Lower abdominal pain (no if no to "any pain") (Day 15)
289	DY15_AB_A	Num	8	3.	F3C8: 15B1a. Lower abdominal pain: Mark an "X" on the picture
290	ab_int15	Num	8		F318: B1b. Lower abdominal pain intensity (0 if no pain) (Day 15)
291	thigh_pn15	Num	8		F318: B2a. Inner thigh pain (no if no to "any pain") (Day 15)
292	DY15_THIGH_A	Num	8	3.	F3C8: 15B2a. Inner thigh pain: Mark an "X" on the picture
293	thigh_int15	Num	8		F318: B2b. Inner thigh pain intensity (0 if no pain) (Day 15)
294	vag_pn15	Num	8		F318: B3a. Vaginal pain (no if no to "any pain") (Day 15)
295	vag_int15	Num	8		F318: B3b. Vaginal pain intensity (0 if no pain) (Day 15)
296	groin_pn15	Num	8		F318: B4a. Groin pain (no if no to "any pain") (Day 15)
297	DY15_GROIN_A	Num	8	3.	F3C8: 15B4a. Have you had pain outside vagina: Mark an "X" on picture
298	groin_int15	Num	8		F318: B4b. Groin pain intensity (0 if no pain) (Day 15)
299	atrest_int15	Num	8		F318: C1. Pain at rest intensity (0 if no pain) (Day 15)
300	dlyact_int15	Num	8		F318: C2. Pain during daily activities intensity (0 if no pain) (Day 15)
301	stnwk_int15	Num	8		F318: C3. Pain during strenuous work intensity (0 if no pain) (Day 15)
302	wstp_n_int15	Num	8		F318: C4. Worst pain intensity (0 if no pain) (Day 15)
303	DY15_PN_MED	Num	8	3.	F3C8: 15D1. Did you use pain medicines in the last 24 hours
304	AID	Num	8		Subject ID

**Data Set Name: f320.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VMP_DIS	Num	8	3.	F320: B1. Specify voiding management plan at discharge (see VCS)
6	PLAN_SUB_DIS	Num	8	3.	F320: B2. Did the patient require an alt. plan subseq. to discharge
7	VT_NUM	Num	8	3.	F320: C0. Voiding trials performed between discharge and 2 week visit?
8	PF_VOID_VOL	Num	8	5.	F320: D1. Voided volume
9	PF_PVR_BS	Num	8	4.	F320: D2. Passive fill PVR by bladder scan
10	PF_PVR_CATH	Num	8	4.	F320: D3. Passive fill PVR by catheter
11	RF_VOL	Num	8	4.	F320: D4. Record the volume of the fill
12	RF_VOID_VOL	Num	8	5.	F320: D5. Voided volume
13	RF_PVR	Num	8	5.	F320: D6. PVR
14	RF_PVR_METH	Num	8	3.	F320: D7. Was PVR calculated or measured?
15	RF_ANTI	Num	8	3.	F320: D8. Was a prophylactic antibiotic given?
16	RF_VMP_DIS	Num	8	3.	F320: D9. What was voiding management at end of visit
17	DAYS	Num	8		Completion days since randomization
18	Days_in	Num	8		Days of event/intervention since randomization
19	Days_vo	Num	8		Days of voiding trial completion since randomization

*Data Set Name: f321.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	INT_TYPE	Num	8	3.	F321: A5. Interview type
3	UR_FREQ	Num	8	3.	F321: B1. Have you had an increase in your frequency of urination?
4	STRAIN_UR	Num	8	3.	F321: B2a. ... strain to urinate?
5	BEND_UR	Num	8	3.	F321: B2b. ... bend forward to urinate?
6	LEAN_UR	Num	8	3.	F321: B2c. ... lean back to urinate?
7	STAND_UR	Num	8	3.	F321: B2d. ... stand up to urinate?
8	PRESS_UR	Num	8	3.	F321: B2e. ... press on your bladder to urinate?
9	PUSH_UR	Num	8	3.	F321: B2f. ... push on the vagina or perineum to empty your bladder?
10	OTH_ACC_UR	Num	8	3.	F321: B2g. ... do anything else to urinate?
11	UR_BOTH	Num	8	3.	F321: B3. How bothered are you by the way you now urinate?
12	STEADY_STR	Num	8	3.	F321: B4a. ... a steady stream of urine?
13	SLOW_STR	Num	8	3.	F321: B4b. ... a slow stream of urine?
14	SPURT_STR	Num	8	3.	F321: B4c. ... a spurting splitting or spraying stream of urine?
15	HESIT_STR	Num	8	3.	F321: B4d. ... a hesitating stream of urine (stops and starts)?
16	DRIB_STR	Num	8	3.	F321: B4e. ... dribbling after you finish voiding?
17	OTH_STR	Num	8	3.	F321: B4f. ... some other description?
18	INC_EMPTY	Num	8	3.	F321: B5. Do you experience a feeling of incomplete bladder emptying?
19	UR_TIME	Num	8	3.	F321: B6. How would you describe the time it takes to urinate now?
20	STR_BM	Num	8	3.	F321: B7. Do you have to strain to have a bowel movement?
21	OFT_STR_BM	Num	8	3.	F321: B7a. How often do you have to strain to have bowel movements?
22	GAS_LK	Num	8	3.	F321: B8. Do you have leaking or loss of control of gas?
23	OFT_GAS_LK	Num	8	3.	F321: B8a. How often does this happen? Would you say....
24	LIQ_STOOL_LK	Num	8	3.	F321: B9. Do you have leaking or loss of control of liquid stool?
25	OFT_LIQ_LK	Num	8	3.	F321: B9a. How often does this happen? Would you say....
26	SOL_STOOL_LK	Num	8	3.	F321: B10. Do you have leaking or loss of control of solid stool?
27	OFT_SOLID_LK	Num	8	3.	F321: B10a. How often does this happen? Would you say....
28	NUMBNESS	Num	8	3.	F321: C1. Any numbness in lower abdomen or pelvic area or legs?
29	NUM_SUP	Num	8	3.	F321: C1a. Did the patient mark any x's in the suprapubic area?
30	NUM_SUP_BOTH	Num	8	3.	F321: C1ai. How bothersome is the numbness in this location?
31	NUM_GRO	Num	8	3.	F321: C1b. Did the patient mark any x's in the groin area?
32	NUM_GRO_BOTH	Num	8	3.	F321: C1bi. How bothersome is the numbness in this location?
33	NUM_VUL	Num	8	3.	F321: C1c. Did the patient mark any x's in the vulvar area?
34	NUM_VUL_BOTH	Num	8	3.	F321: C1ci. How bothersome is the numbness in this location?
35	NUM_UL	Num	8	3.	F321: C1d. Did the patient mark any x's in the upper leg area?
36	NUM_UL_BOTH	Num	8	3.	F321: C1di. How bothersome is the numbness in this location?

Num	Variable	Type	Len	Informat	Label
37	NUM_LL	Num	8	3.	F321: C1e. Did the patient mark any x's in the lower leg area?
38	NUM_LL_BOTH	Num	8	3.	F321: C1ei. How bothersome is the numbness in this location?
39	WEAKNESS	Num	8	3.	F321: C2. Do you have any weakness in your legs?
40	WEAK_UL	Num	8	3.	F321: C2a. Did the patient mark any x's in the upper leg area?
41	WEAK_UL_BOTH	Num	8	3.	F321: C2ai. How bothersome is the weakness in this location?
42	WEAK_LL	Num	8	3.	F321: C2b. Did the patient mark any x's in the lower leg area?
43	WEAK_LL_BOTH	Num	8	3.	F321: C2bi. How bothersome is the weakness in this location?
44	RETURN_ACT	Num	8	3.	F321: D1. Returned to full normal activities of daily life?
45	NUM_DAYS	Num	8	3.	F321: D1a. How many days did it take to return to full normal activity?
46	PAID_DAYS	Num	8	3.	F321: D1b. How many paid workdays did you take off after surgery?
47	WK_HVY_ACT	Num	8	3.	F321: D2. If you are not working, is it due to heavy lifting?
48	PHYS_VISIT	Num	8	3.	F321: E1. Does the patient report any physician visits since surgery?
49	ER_VISIT	Num	8	3.	F321: E3. Does the patient report any ER visits since surgery?
50	NEW_SURG	Num	8	3.	F321: E5. Does patient report any new surgery visits since surgery?
51	HOS_ADMIT	Num	8	3.	F321: E7. Does patient report any hospital admissions since surgery?
52	ANTIBIOTICS	Num	8	3.	F321: E9. Does patient report antibiotics perscribed since discharge?
53	MED_TX_UT	Num	8	3.	F321: E11. Meds rx'd for treatment of lower urinary tract symptoms?
54	SIGN_SEC_B	Num	8	3.	F321: F3. Is the form signed by Data Collector completing F1
55	DAYS	Num	8		Completion days since randomization

**Data Set Name: f322.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VISIT	Char	4	\$4.	F322: A2. Visit #
6	PT_RPT_PAIN	Num	8	3.	F322: B1. Did the patient report any pain
7	Y_EVDNCE_P	Num	8	3.	F322: B2. Was there evidence of pain on exam
8	EXAM_CORR_PT	Num	8	3.	F322: B2a. Did exam findings correlate with self-report of pain
9	Y_P_REL_SURG	Num	8	3.	F322: B2b. Do you judge pain to be related to TOMUS surgery
10	N_EVDNCE_P	Num	8	3.	F322: B3. Was there evidence of pain on exam
11	N_P_REL_SURG	Num	8	3.	F322: B3a. Do you judge this pain to be related to patient's TOMUS
12	TX_PAIN	Num	8	3.	F322: B4. Did patient receive new or continuing treatment
13	PAIN_MED	Num	8	3.	F322: B4a. Medication
14	PAIN_PHYTH	Num	8	3.	F322: B4b. Physical therapy
15	PAIN_OTH_TX	Num	8	3.	F322: B4c. Other treatment or referrals
16	NEW_NUMBNESS	Num	8	3.	F322: B5. Did patient report any numbness new since surgery
17	NEW_WEAKNESS	Num	8	3.	F322: B6. Did patient report any weakness new since surgery
18	TX_VOID_DYS	Num	8	3.	F322: B7. Did patient receive new treatment for voiding dysfunction
19	EVD_PRO	Num	8	3.	F322: B8. Is there new evidence of vaginal prolapse
20	PRO_TREAT	Num	8	3.	F322: B8a. Did patient receive new treatment for vaginal prolapse
21	EVD_URGE	Num	8	3.	F322: B9. Evidence of new/continuing urge incontinence
22	URGSYM_PRSRG	Num	8	3.	F322: B9a. Did patient have urge incontinence symptoms prior to TOMUS
23	TXURGE_PRSRG	Num	8	3.	F322: B9b. Treatment for urge incontinence prior to TOMUS
24	TXURGE_IVIS	Num	8	3.	F322: B10. New treatment for urge incontinence since TOMUS
25	EVD_SUI	Num	8	3.	F322: B11. Recurrent stress urinary incontinence since last visit
26	TX_SUI	Num	8	3.	F322: B11a. New/continuing treatment for recurrent SUI since last visit
27	AE_LSTVIS	Num	8	3.	F322: C1. Any adverse events since last study visit
28	PI_SIG	Num	8	3.	F322: D1. Is this field signed by the Surgeon?
29	EVENT_NUM	Num	8	3.	F322: C1a. Event number
30	EVENT_CODE	Num	8	3.	F322: C1b. Event Code
31	DAYS	Num	8		Completion days since randomization
32	VDFR_days	Num	8		Days for the first voiding dys treatment since randomization
33	URGEFR_days	Num	8		Days for the first urge incontinence treatment since randomization
34	SUI_days	Num	8		Days for the first recurrent SUI treatment since randomization

**Data Set Name: f326.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VISIT	Char	4	\$4.	F326: A2. Visit #
6	PT_ANS_NO	Num	8	3.	F326: B1. Did the patient answer "no" to B0 on F328
7	PAIN_ABD_R	Num	8	3.	F326: B1a. ...lower abdomen, right side?
8	PAIN_ABD_L	Num	8	3.	F326: B1b. ...lower abdomen, left side?
9	PAIN_THIGH_R	Num	8	3.	F326: B1c. ...inner thigh, right side?
10	PAIN_THIGH_L	Num	8	3.	F326: B1d. ...inner thigh, left side?
11	PAIN_VAG_R	Num	8	3.	F326: B1e. ...vagina (inside), right side?
12	PAIN_VAG_L	Num	8	3.	F326: B1f. ...vagina (inside), left side?
13	PAIN_VULVA_R	Num	8	3.	F326: B1g. ... vulva, right side?
14	PAIN_VULVA_L	Num	8	3.	F326: B1h. ... vulva, left side?
15	PAIN_BACK_R	Num	8	3.	F326: B1i. ...lower back, right side?
16	PAIN_BACK_L	Num	8	3.	F326: B1j. ...lower back, left side?
17	PAIN_FRLEG_R	Num	8	3.	F326: B1k. ...front leg, right side?
18	PAIN_FRLEG_L	Num	8	3.	F326: B1l. ...front leg, left side?
19	PAIN_BALEG_R	Num	8	3.	F326: B1m. ...back leg or buttocks, right side?
20	PAIN_BALEG_L	Num	8	3.	F326: B1n. ...back leg or buttocks, left side?
21	EXAM_DAYS	Num	8		Pain exam completion days since randomization
22	ABSR_DAYS	Num	8		Abstract completion days since randomization

*Data Set Name: f327.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	age	Num	8		age (yrs) from time of randomization
2	AID	Num	8		Subject ID
3	VISIT	Char	4	\$4.	F327: A2. Visit #
4	INT_MODE	Num	8	3.	F327: A5. Mode
5	FREQ_URINE	Num	8	3.	F327: B1. Currently experience frequent urination?
6	FREQ_URINE_A	Num	8	3.	F327: B1a. frequent urination: how bothersome?
7	URGENCY	Num	8	3.	F327: B2. Currently experience urgency to empty your bladder?
8	URGENCY_A	Num	8	3.	F327: B2a. urgency: how bothersome?
9	URGE_LEAK	Num	8	3.	F327: B3. Currently experience urine leakage related to urgency?
10	URGE_LEAK_A	Num	8	3.	F327: B3a. leakage related to urgency: how bothersome?
11	ACTV_LEAK	Num	8	3.	F327: B4. Currently experience leakage related to physical activity?
12	ACTV_LEAK_A	Num	8	3.	F327: B4a. leakage related to physical activity: how bothersome?
13	GEN_LEAK	Num	8	3.	F327: B5. Currently experience general urine leakage?
14	GEN_LEAK_A	Num	8	3.	F327: B5a. general leakage: how bothersome?
15	SMALL_LEAK	Num	8	3.	F327: B6. Currently experience small amounts of leakage?
16	SMALL_LEAK_A	Num	8	3.	F327: B6a. small amount of leakage: how bothersome?
17	LARGE_LEAK	Num	8	3.	F327: B7. Currently experience large amounts of leakage?
18	LARGE_LEAK_A	Num	8	3.	F327: B7a. large amount of leakage: how bothersome?
19	NITE_LEAK	Num	8	3.	F327: B8. Currently experience nighttime urination?
20	NITE_LEAK_A	Num	8	3.	F327: B8a. nighttime urination: how bothersome?
21	BED_WET	Num	8	3.	F327: B9. Currently experience bedwetting?
22	BED_WET_A	Num	8	3.	F327: B9a. bedwetting: how bothersome?
23	DIFF_EMPTY	Num	8	3.	F327: B10. Currently experience difficulty emptying your bladder?
24	DIFF_EMPT_A	Num	8	3.	F327: B10a. difficulty emptying your bladder: how bothersome?
25	INCOM_BLAD	Num	8	3.	F327: B11. Currently experience feeling incomplete bladder emptying?
26	INCOM_BLAD_A	Num	8	3.	F327: B11a. feeling incomplete bladder emptying: how bothersome?
27	ABD_PRESS	Num	8	3.	F327: B12. Currently experience lower abdominal pressure?
28	ABD_PRESS_A	Num	8	3.	F327: B12a. lower abdominal pressure: how bothersome?
29	PAIN_URIN	Num	8	3.	F327: B13. Currently experience pain when urinating?
30	PAIN_URIN_A	Num	8	3.	F327: B13a. pain when urinating: how bothersome?
31	ABD_PAIN	Num	8	3.	F327: B14. Currently experience pain in lower abdomen?
32	ABD_PAIN_A	Num	8	3.	F327: B14a. pain in lower abdomen: how bothersome?
33	DULL_PELVIC	Num	8	3.	F327: B15. Currently experience heaviness or dullness in pelvic area?
34	DULL_PELV_A	Num	8	3.	F327: B15a. heaviness or dullness in pelvic area: how bothersome?
35	PROT_FEEL	Num	8	3.	F327: B16. Currently experience feeling a protrusion in vaginal area?
36	PROT_FEEL_A	Num	8	3.	F327: B16a. feeling a protrusion in vaginal area: how bothersome?

Num	Variable	Type	Len	Informat	Label
37	PROT_SEE	Num	8	3.	F327: B17. Currently experience seeing a protrusion in vaginal area?
38	PROT_SEE_A	Num	8	3.	F327: B17a. seeing a protrusion in vaginal area: how bothersome?
39	PELV_DIS	Num	8	3.	F327: B18. Currently experience pelvic discomfort?
40	PELV_DIS_A	Num	8	3.	F327: B18a. pelvic discomfort: how bothersome?
41	PUSH_BLAD	Num	8	3.	F327: B19. Push on vagina or perineum to empty bladder?
42	PUSH_BLAD_A	Num	8	3.	F327: B19a. push on perineum to empty bladder: how bothersome?
43	PUSH_BOWEL	Num	8	3.	F327: B20. Push on vagina or perineum to have bowel movement?
44	PUSH_BOWEL_A	Num	8	3.	F327: B20a. push on perineum for bowel movement: how bothersome?
45	OTH_SYMP	Num	8	3.	F327: B21. Do you experience any other symptoms related to urine loss?
46	LYING_BED	Num	8	3.	F327: C1. Lying in bed
47	SITTING	Num	8	3.	F327: C2. Sitting
48	GETTING_BED	Num	8	3.	F327: C3. Getting in or out of bed
49	REACHING	Num	8	3.	F327: C4. Reaching or stretching
50	LIFT_LBS	Num	8	3.	F327: C5. Lifting 3 to 5 pounds
51	WALK_INSIDE	Num	8	3.	F327: C6. Walking around inside
52	CLIMBING	Num	8	3.	F327: C7. Climbing up or down stairs
53	WALK_OUTSIDE	Num	8	3.	F327: C8. Walking outside or at work
54	SEDENT_ACT	Num	8	3.	F327: C9. Engaging in sedentary activities
55	LIGHT_PHYACT	Num	8	3.	F327: C10. Engaging in light physical activities
56	MOD_PHYACT	Num	8	3.	F327: C11. Engaging in moderate physical activities
57	VIG_PHYACT	Num	8	3.	F327: C12. Engaging in vigorous physical activities
58	INTERCOURSE	Num	8	3.	F327: C13. Engaging in sexual intercourse
59	DAYS	Num	8		Completion days since randomization



**Data Set Name: f328.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F328: A2. Visit #
3	FORM_LANG	Num	8	3.	F328: A7. Form Version
4	AB_PAIN	Num	8	3.	F328: B1. Have you had lower abdominal pain in the last 24 hours?
5	AB_PAIN_A	Num	8	3.	F328: B1a. These fields should be coded by a certified Pain Diary Coder
6	AB_PAIN_B	Num	8	4.	F328: B1b. Rate the intensity of the lower abdominal pain
7	THIGH_PAIN	Num	8	3.	F328: B2. Have you had inner thigh pain in the last 24 hours?
8	THIGH_PAIN_A	Num	8	3.	F328: B2a. These fields should be coded by a certified Pain Diary Coder
9	THIGH_PAIN_B	Num	8	4.	F328: B2b. Rate the intensity of the inner thigh pain
10	VAG_PAIN	Num	8	3.	F328: B3. Have you had pain inside your vagina in the last 24 hours?
11	VAG_PAIN_B	Num	8	4.	F328: B3b. Rate the intensity of the pain inside your vagina
12	GROIN_PAIN	Num	8	3.	F328: B4. Have you had groin pain in the last 24 hours?
13	GROIN_PAIN_A	Num	8	3.	F328: B4a. These fields should be coded by a certified Pain Diary Coder
14	GROIN_PAIN_B	Num	8	4.	F328: B4b. Rate the intensity of the groin pain
15	BACK_PAIN	Num	8	3.	F328: B5. Have you had back pain in the last 24 hours?
16	BACK_PAIN_A	Num	8	3.	F328: B5a. These fields should be coded by a certified Pain Diary Coder
17	BACK_PAIN_B	Num	8	4.	F328: B5b. Rate the intensity of the back pain
18	FLEG_PAIN	Num	8	3.	F328: B6. Have you had front leg pain in the last 24 hours?
19	FLEG_PAIN_A	Num	8	3.	F328: B6a. These fields should be coded by a certified Pain Diary Coder
20	FLEG_PAIN_B	Num	8	4.	F328: B6b. Rate the intensity of the front leg pain
21	BLEG_PAIN	Num	8	3.	F328: B7. Have you had front back leg pain in the last 24 hours?
22	BLEG_PAIN_A	Num	8	3.	F328: B7a. These fields should be coded by a certified Pain Diary Coder
23	BLEG_PAIN_B	Num	8	4.	F328: B7b. Rate the intensity of the back leg pain
24	AT_REST	Num	8	4.	F328: C1. How much pain did you have when you were at rest?
25	DAILY_ACT	Num	8	4.	F328: C2. How much pain did you have during your daily activities?
26	STREN_WORK	Num	8	4.	F328: C3. Pain when having sex, exercising, strenuous work, lifting?
27	WORST_PAIN	Num	8	4.	F328: C4. Worst pain in last 24 hours?
28	PAIN_MED	Num	8	3.	F328: D1. Did you use any pain medicines in the last 24 hours?
29	ANY_PAIN_SRG	Num	8	3.	F328: B0. Have you had any pain in the last 24 hours?
30	DAYS	Num	8		Completion days since randomization
31	CODE_DAYS	Num	8		Coded days since randomization

**Data Set Name: f330.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	PF_PVR_CATH	Num	8	4.	F330: B3. Passive fill PVR by catheter
3	RF_VOL	Num	8	4.	F330: B4. Record the volume of the fill
4	RF_PVR_METH	Num	8	3.	F330: B7. Was PVR calculated or measured?
5	RF_ANTI	Num	8	3.	F330: B8. Was a prophylactic antibiotic given?
6	RF_VMP_DIS	Num	8	3.	F330: B9. What was voiding management at end of visit?
7	bs_pf_pvr	Num	8		if pf_pvr_bs>0 then bs_pf_pvr=pf_pvr_bs
8	vol_pf_void	Num	8		if pf_void_vol>0 then vol_pf_void=pf_void_vol
9	pvr_rf	Num	8		if rf_pvr>0 then pvr_rf=rf_pvr
10	vol_rf_void	Num	8		if rf_void_vol>0 then vol_rf_void=rf_void_vol
11	DAYS_void	Num	8		Voiding trial completion days since randomization

**Data Set Name: f331.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	INT_TYPE	Num	8	3.	F331: A5. Interview type
3	MESA_STR_1	Num	8	3.	F331: B1. Does coughing gently cause you to lose urine
4	MESA_STR_2	Num	8	3.	F331: B2. Does coughing hard cause you to lose urine
5	MESA_STR_3	Num	8	3.	F331: B3. Does sneezing cause you to lose urine
6	MESA_STR_4	Num	8	3.	F331: B4. Does lifting things cause you to lose urine
7	MESA_STR_5	Num	8	3.	F331: B5. Does bending cause you to lose urine
8	MESA_STR_6	Num	8	3.	F331: B6. Does laughing cause you to lose urine
9	MESA_STR_7	Num	8	3.	F331: B7. Does walking briskly or jogging cause you to lose urine
10	MESA_STR_8	Num	8	3.	F331: B8. Does straining cause you to lose urine
11	MESA_STR_9	Num	8	3.	F331: B9. Does getting up from sitting cause you to lose urine
12	MESA_URG_1	Num	8	3.	F331: B10. Urge symptoms: Little warning
13	MESA_URG_2	Num	8	3.	F331: B11. Urge symptoms: Wetting self
14	MESA_URG_3	Num	8	3.	F331: B12. Urge symptoms: Sudden bladder full
15	MESA_URG_4	Num	8	3.	F331: B13. Urge symptoms: Washing hands
16	MESA_URG_5	Num	8	3.	F331: B14. Urge symptoms: Cold weather
17	MESA_URG_6	Num	8	3.	F331: B15. Urge symptoms: Drinking cold beverages
18	UR_FREQ	Num	8	3.	F331: B16. Have you had increase in frequency of urination
19	STRAIN_UR	Num	8	3.	F331: B17a. Currently have to: Strain to urinate
20	BEND_UR	Num	8	3.	F331: B17b. Currently have to: Bend forward to urinate
21	LEAN_UR	Num	8	3.	F331: B17c. Currently have to: Lean back to urinate
22	STAND_UR	Num	8	3.	F331: B17d. Currently have to: Stand up to urinate
23	PRESS_UR	Num	8	3.	F331: B17e. Currently have to: Press on your bladder to urinate
24	PUSH_UR	Num	8	3.	F331: B17f. Currently have to: Push on the vagina to empty your bladder
25	OTH_ACC_UR	Num	8	3.	F331: B17g. Currently have to: Do anything else to urinate
26	UR_BOTH	Num	8	3.	F331: B18. How bothered are you by the way you urinate now?
27	STEADY_STR	Num	8	3.	F331: B19a. Would you describe current stream: A steady stream of urine
28	SLOW_STR	Num	8	3.	F331: B19b. Would you describe current stream: A slow stream of urine
29	SPURT_STR	Num	8	3.	F331: B19c. Would you describe current stream: A spurting stream
30	HEIST_STR	Num	8	3.	F331: B19d. Would you describe current stream: A hesitating stream
31	DRIB_STR	Num	8	3.	F331: B19e. Would you describe current stream: Dribbling after finished
32	OTH_STR	Num	8	3.	F331: B19f. Would you describe current stream: Some other description
33	INC_EMPTY	Num	8	3.	F331: B20. Do you currently experience incomplete bladder emptying
34	UR_TIME	Num	8	3.	F331: B21. Time it takes to urinate compared to before surgery?
35	STR_BM	Num	8	3.	F331: B22. Do you have to strain to have a bowel movement?
36	OFT_STR_BM	Num	8	3.	F331: B22a. How often do you have to strain to have bowel movements?

Num	Variable	Type	Len	Informat	Label
37	GAS_LK	Num	8	3.	F331: B23. Do you have leaking or loss of control of gas?
38	OFT_GAS_LK	Num	8	3.	F331: B23a. How often does this happen? Would you say...
39	LIQ_STOOL_LK	Num	8	3.	F331: B24. Do you have leaking or loss of control of liquid stool
40	OFT_LIQ_LK	Num	8	3.	F331: B24a. How often does this happen? Would you say...
41	SOL_STOOL_LK	Num	8	3.	F331: B25. Do you have leaking or loss of control of solid stool
42	OFT_SOLID_LK	Num	8	3.	F331: B25a. How often does this happen? Would you say...
43	NUMBNESS	Num	8	3.	F331: C1. Any numbness in your lower abdomen, pelvic area, or legs?
44	num_sup	Num	8	3.	F331: C1a. Did the patient mark any xs in the suprapubic area?
45	NUM_SUP_BOTH	Num	8	3.	F331: C1ai. How bothersome is the numbness in this location?
46	NUM_GRO	Num	8	3.	F331: C1b. Did the patient mark any xs in the groin area?
47	NUM_GRO_BOTH	Num	8	3.	F331: C1bi. How bothersome is the numbness in this location?
48	NUM_VUL	Num	8	3.	F331: C1c. Did the patient mark any xs in the vulvar area?
49	NUM_VUL_BOTH	Num	8	3.	F331: C1ci. How bothersome is the numbness in this location?
50	NUM_UL	Num	8	3.	F331: C1d. Did the patient mark any xs in the upper leg area?
51	NUM_UL_BOTH	Num	8	3.	F331: C1di. How bothersome is the numbness in this location?
52	NUM_LL	Num	8	3.	F331: C1e. Did the patient mark any xs in the lower leg area?
53	NUM_LL_BOTH	Num	8	3.	F331: C1ei. How bothersome is the numbness in this location?
54	WEAKNESS	Num	8	3.	F331: C2. Do you have any weakness in your legs?
55	WEAK_UL	Num	8	3.	F331: C2a. Did the patient mark any xs in the upper leg area?
56	WEAK_UL_BOTH	Num	8	3.	F331: C2ai. How bothersome is the weakness in this location?
57	WEAK_LL	Num	8	3.	F331: C2b. Did the patient mark any xs in the lower leg area?
58	WEAK_LL_BOTH	Num	8	3.	F331: C2bi. How bothersome is the weakness in this location?
59	RETURN_ACT	Num	8	3.	F331: D1. Have you returned to full normal activities
60	NUM_DAYS	Num	8	3.	F331: D1a. Have you returned to full normal activities: Days
61	PAID_DAYS	Num	8	3.	F331: D1b. How many paid workdays did you take off
62	WK_HVY_ACT	Num	8	3.	F331: D2. If not returned to work: Heavy lifting
63	PHYS_VISIT	Num	8	3.	F331: E1. Have you seen a doctor for reason related to TOMUS surgery
64	O_PHYS_VISIT	Num	8	3.	F331: E3. Have you seen a doctor for any other reason?
65	NSUR_TX	Num	8	3.	F331: E5. Have you used any non-surgical treatments for symptoms
66	ER_VISIT	Num	8	3.	F331: E7. Have you been to the emergency room for any reason
67	NEW_SURG	Num	8	3.	F331: E9. Have you had abdominal or pelvic surgery since TOMUS
68	HOS_ADMIT	Num	8	3.	F331: E11. Have you been hospitalized for any other reason
69	ANTIBIOTICS	Num	8	3.	F331: E13. Has a doctor prescribed any antibiotics
70	DAYS	Num	8		Completion days since randomization

*Data Set Name: f341.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	INT_TYPE	Num	8	3.	F341: A5. Interview type:
3	MESA_STR_1	Num	8	3.	F341: B1. Does coughing gently cause you to lose urine
4	MESA_STR_2	Num	8	3.	F341: B2. Does coughing hard cause you to lose urine
5	MESA_STR_3	Num	8	3.	F341: B3. Does sneezing cause you to lose urine
6	MESA_STR_4	Num	8	3.	F341: B4. Does lifting things cause you to lose urine
7	MESA_STR_5	Num	8	3.	F341: B5. Does bending cause you to lose urine
8	MESA_STR_6	Num	8	3.	F341: B6. Does laughing cause you to lose urine
9	MESA_STR_7	Num	8	3.	F341: B7. Does walking briskly or jogging cause you to lose urine
10	MESA_STR_8	Num	8	3.	F341: B8. Does straining cause you to lose urine
11	MESA_STR_9	Num	8	3.	F341: B9. Does getting up from sitting cause you to lose urine
12	MESA_RES	Num	8	3.	F341: B10. Did patient answer "Sometimes or Often" to any B1-B9
13	MESA_URG_1	Num	8	3.	F341: B11. Urge symptoms: Little warning
14	MESA_URG_2	Num	8	3.	F341: B12. Urge symptoms: Wetting self
15	MESA_URG_3	Num	8	3.	F341: B13. Urge symptoms: Sudden bladder full
16	MESA_URG_4	Num	8	3.	F341: B14. Urge symptoms: Washing hands
17	MESA_URG_5	Num	8	3.	F341: B15. Urge symptoms: Cold weather
18	MESA_URG_6	Num	8	3.	F341: B16. Urge symptoms: Drinking cold beverages
19	UR_FREQ	Num	8	3.	F341: B17. Have you had increase in frequency of urination?
20	STRAIN_UR	Num	8	3.	F341: B18a. Currently have to: Strain to urinate
21	BEND_UR	Num	8	3.	F341: B18b. Currently have to: Bend forward to urinate
22	LEAN_UR	Num	8	3.	F341: B18c. Currently have to: Lean back to urinate
23	STAND_UR	Num	8	3.	F341: B18d. Currently have to: Stand up to urinate
24	PRESS_UR	Num	8	3.	F341: B18e. Currently have to: Press on your bladder to urinate
25	PUSH_UR	Num	8	3.	F341: B18f. Currently have to: Push on the vagina to empty your bladder
26	OTH_ACC_UR	Num	8	3.	F341: B18g. Currently have to: Do anything else to urinate
27	UR_BOTH	Num	8	3.	F341: B19. How bothered are you by the way you urinate now?
28	STEADY_STR	Num	8	3.	F341: B20a. Would you describe current stream: A steady stream of urine
29	SLOW_STR	Num	8	3.	F341: B20b. Would you describe current stream: A slow stream of urine
30	SPURT_STR	Num	8	3.	F341: B20c. Would you describe current stream: Spurting stream of urine
31	HEIST_STR	Num	8	3.	F341: B20d. Would you describe current stream: Hesitating stream of urine
32	DRIB_STR	Num	8	3.	F341: B20e. Would you describe current stream: Dribbling after finished
33	OTH_STR	Num	8	3.	F341: B20f. Would you describe current stream: Some other description
34	INC_EMPTY	Num	8	3.	F341: B21. Do you currently experience incomplete bladder emptying
35	UR_TIME	Num	8	3.	F341: B22. Time it takes to urinate compared to before surgery?
36	STR_BM	Num	8	3.	F341: B23. Do you have to strain to have a bowel movement?

Num	Variable	Type	Len	Informat	Label
37	OFT_STR_BM	Num	8	3.	F341: B23a. How often do you have to strain to have bowel movements?
38	GAS_LK	Num	8	3.	F341: B24. Do you have leaking or loss of control of gas?
39	OFT_GAS_LK	Num	8	3.	F341: B24a. How often does this happen? Would you say...
40	LIQ_STOOL_LK	Num	8	3.	F341: B25. Do you have leaking or loss of control of liquid stool
41	OFT_LIQ_LK	Num	8	3.	F341: B25a. How often does this happen? Would you say...
42	SOL_STOOL_LK	Num	8	3.	F341: B26. Do you have leaking or loss of control of solid stool
43	OFT_SOLID_LK	Num	8	3.	F341: B26a. How often does this happen? Would you say...
44	RETURN_ACT	Num	8	3.	F341: C1. Have you returned to full normal activities
45	NUM_DAYS	Num	8	4.	F341: C1a. Have you returned to full normal activities: Days
46	PAID_DAYS	Num	8	3.	F341: C1b. How many paid workdays did you take off
47	WK_HVY_ACT	Num	8	3.	F341: C2. If not returned to work: Heavy lifting
48	PHYS_VISIT	Num	8	3.	F341: D1. Have you seen a doctor for reason related to TOMUS surgery
49	O_PHYS_VISIT	Num	8	3.	F341: D3. Have you seen a doctor for any other reason?
50	ER_VISIT	Num	8	3.	F341: D5. Have you been to the emergency room for any reason
51	NEW_SURG	Num	8	3.	F341: D7. Have you had abdominal or pelvic surgery since TOMUS
52	HOS_ADMIT	Num	8	3.	F341: D9. Have you been hospitalized for any other reason

**Data Set Name: f347.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	MODE1	Num	8	3.	F347: A5. Mode:
3	UR_LEAK	Num	8	3.	F347: B1. Urine leakage
4	UR_URIN	Num	8	3.	F347: B2. An urgency to urinate fear not making it to the bathroom
5	FREQ_URIN	Num	8	3.	F347: B3. Frequent urination
6	PHY_ACT	Num	8	3.	F347: B4. Physical activities
7	SOC_ACT	Num	8	3.	F347: B5. Social activities
8	SEX_ACT	Num	8	3.	F347: B6. Sexual activity
9	EMOTIONS	Num	8	3.	F347: B7. Your emotions
10	SURG_AGAIN	Num	8	3.	F347: B8. Would you still have the surgery
11	SURG_REC	Num	8	3.	F347: B9. Would you recommend this surgery
12	COND_NOW	Num	8	3.	F347: C1. Number that best describes how your urinary tract condition
13	OFTEN_LK	Num	8	3.	F347: C2. How often do you leak urine?
14	USUAL_LK	Num	8	3.	F347: C3. How much urine do you usually leak?
15	NEVER_LEAK	Num	8	3.	F347: C5. Never $\zeta$ urine does not leak
16	LK_TOILET	Num	8	3.	F347: C6. Leaks before you can get to the toilet
17	LK_COUGH	Num	8	3.	F347: C7. Leaks when you cough or sneeze
18	LK_ASLEEP	Num	8	3.	F347: C8. Leaks when you are asleep
19	LK_ACTIVE	Num	8	3.	F347: C9. Leaks when you are physically active/exercising
20	LK_DRESS	Num	8	3.	F347: C10. Leaks when you have finished urinating and are dressed
21	LK_OBVIOUS	Num	8	3.	F347: C11. Leaks for no obvious reason
22	LK_ALLTIME	Num	8	3.	F347: C12. Leaks all the time
23	FREQ_URINE	Num	8	3.	F347: D1. frequent urination?
24	FREQ_URINE_A	Num	8	3.	F347: D1a. IF YES...
25	URGENCY	Num	8	3.	F347: D2. a strong feeling of urgency to empty your bladder?
26	URGENCY_A	Num	8	3.	F347: D2a. IF YES...
27	URGE_LEAK	Num	8	3.	F347: D3. urine leakage related to the feeling of urgency?
28	URGE_LEAK_A	Num	8	3.	F347: D3a. IF YES...
29	ACTV_LEAK	Num	8	3.	F347: D4. urine leakage related to physical activity
30	ACTV_LEAK_A	Num	8	3.	F347: D4a. IF YES...
31	GEN_LEAK	Num	8	3.	F347: D5. general urine leakage not related to urgency or activity?
32	GEN_LEAK_A	Num	8	3.	F347: D5a. IF YES...
33	SMALL_LEAK	Num	8	3.	F347: D6. small amounts of urine leakage (that is, drops)?
34	SMALL_LEAK_A	Num	8	3.	F347: D6a. IF YES...
35	LARGE_LEAK	Num	8	3.	F347: D7. large amounts of urine leakage?
36	LARGE_LEAK_A	Num	8	3.	F347: D7a. IF YES...

Num	Variable	Type	Len	Informat	Label
37	NITE_LEAK	Num	8	3.	F347: D8. nighttime urination?
38	NITE_LEAK_A	Num	8	3.	F347: D8a. IF YES...
39	BED_WET	Num	8	3.	F347: D9. bedwetting
40	BED_WET_A	Num	8	3.	F347: D9a. IF YES...
41	DIFF_EMPTY	Num	8	3.	F347: D10. difficulty emptying your bladder?
42	DIFF_EMPTY_A	Num	8	3.	F347: D10a. IF YES...
43	INCOM_BLAD	Num	8	3.	F347: D11. a feeling of incomplete bladder emptying?
44	INCOM_BLAD_A	Num	8	3.	F347: D11a. IF YES...
45	ABD_PRESS	Num	8	3.	F347: D12. lower abdominal pressure?
46	ABD_PRESS_A	Num	8	3.	F347: D12a. IF YES...
47	PAIN_URIN	Num	8	3.	F347: D13. pain when urinating?
48	PAIN_URIN_A	Num	8	3.	F347: D13a. IF YES...
49	ABD_PAIN	Num	8	3.	F347: D14. pain in the lower abdominal or genital area?
50	ABD_PAIN_A	Num	8	3.	F347: D14a. IF YES...
51	DULL_PELVIC	Num	8	3.	F347: D15. heaviness or dullness in the pelvic area?
52	DUL_PELVIC_A	Num	8	3.	F347: D15a. IF YES...
53	PROT_FEEL	Num	8	3.	F347: D16. a feeling of bulging or protrusion in the vaginal area
54	PROT_FEEL_A	Num	8	3.	F347: D16a. IF YES...
55	PROT_SEE	Num	8	3.	F347: D17. bulging or protrusion you can see in the vaginal area?
56	PROT_SEE_A	Num	8	3.	F347: D17a. IF YES...
57	PELV_DIS	Num	8	3.	F347: D18. pelvic discomfort when standing or physically exerting...
58	PELV_DIS_A	Num	8	3.	F347: D18a. IF YES...
59	PUSH_BLAD	Num	8	3.	F347: D19. Push on the vagina or perineum to empty bladder
60	PUSH_BLAD_A	Num	8	3.	F347: D19a. IF YES...
61	PUSH_BOWEL	Num	8	3.	F347: D20. Do you have to push on vagina to have a bowel movement
62	PUSH_BOWEL_A	Num	8	3.	F347: D20a. IF YES...
63	OTH_SYMP	Num	8	3.	F347: D21. Do you experience any other symptoms?
64	CHORES	Num	8	3.	F347: D23. ability to do household chores
65	REPAIR	Num	8	3.	F347: D24. ability to do usual maintenance or repair work done in home
66	SHOPPING	Num	8	3.	F347: D25. shopping activities?
67	HOBBIES	Num	8	3.	F347: D26. hobbies and pastime activities?
68	RECR_ACT	Num	8	3.	F347: D27. physical recreational activities
69	ENTER_ACT	Num	8	3.	F347: D28. entertainment activities
70	TRAV_LESS_20	Num	8	3.	F347: D29. ability to travel by car or bus for distances less than 20
71	TRAV_GRT_20	Num	8	3.	F347: D30. ability to travel by car or bus for distances greater than 2
72	GOING_PLACE	Num	8	3.	F347: D31. going to places if you are unsure about available restrooms?
73	VACATION	Num	8	3.	F347: D32. going on vacation?
74	CHURCH	Num	8	3.	F347: D33. church or temple attendance?
75	VOL_ACT	Num	8	3.	F347: D34. volunteer activities?



Num	Variable	Type	Len	Informat	Label
76	WORK_OUT	Num	8	3.	F347: D35. employment (work) outside the home?
77	VISIT_FRNDS	Num	8	3.	F347: D36. having friends visit you in your home?
78	SOC_OUT_ACT	Num	8	3.	F347: D37. participation in social activities outside your home?
79	FRIENDS	Num	8	3.	F347: D38. relationship with friends?
80	FAMILY	Num	8	3.	F347: D39. relationship with family excluding husband/companion?
81	HAVE_SEX	Num	8	3.	F347: D40. ability to have sexual relations?
82	WAY_DRESS	Num	8	3.	F347: D41. the way you dress?
83	EMO_HEALTH	Num	8	3.	F347: D42. emotional health?
84	PHYS_HEALTH	Num	8	3.	F347: D43. physical health?
85	SLEEP	Num	8	3.	F347: D44. sleep?
86	ODOR_RTRCT	Num	8	3.	F347: D45. How much does fear of odor restrict your activities?
87	EMBAR_RTRCT	Num	8	3.	F347: D46. How much does fear of embarrassment restrict your activities
88	NERVOUS	Num	8	3.	F347: D47. nervousness or anxiety?
89	FEAR	Num	8	3.	F347: D48. fear?
90	FRUSTRATION	Num	8	3.	F347: D49. frustration?
91	ANGER	Num	8	3.	F347: D50. anger?
92	DEPRESSION	Num	8	3.	F347: D51. depression?
93	EMBARRASS	Num	8	3.	F347: D52. embarrassment?
94	LYING_BED	Num	8	3.	F347: E1. Lying in bed
95	SITTING	Num	8	3.	F347: E2. Sitting
96	GETTING_BED	Num	8	3.	F347: E3. Getting in or out of bed or chair
97	REACHING	Num	8	3.	F347: E4. Reaching or stretching
98	LIFT_LBS	Num	8	3.	F347: E5. Lifting 3 to 5 pounds
99	WALK_INSIDE	Num	8	3.	F347: E6. Walking around inside
100	CLIMBING	Num	8	3.	F347: E7. Climbing up or down stairs
101	WALK_OUTSIDE	Num	8	3.	F347: E8. Walking outside or at work
102	SEDENT_ACT	Num	8	3.	F347: E9. Engaging in sedentary activities
103	LIGHT_PHYACT	Num	8	3.	F347: E10. Engaging in light physical activities
104	MOD_PHYACT	Num	8	3.	F347: E11. Engaging in moderate physical
105	VIG_PHYACT	Num	8	3.	F347: E12. Engaging in vigorous physical activities
106	INTERCOURSE	Num	8	3.	F347: E13. Engaging in sexual intercourse
107	LITTLE_INT	Num	8	3.	F347: E14. Little interest or pleasure in doing things
108	FEEL_DOWN	Num	8	3.	F347: E15. Feeling down, depressed, or hopeless
109	TROUB_SLEEP	Num	8	3.	F347: E16. Trouble falling asleep or staying asleep, or sleeping too...
110	FEEL_TIRED	Num	8	3.	F347: E17. Feeling tired or having little energy
111	POOR_APP	Num	8	3.	F347: E18. Poor appetite or overeating
112	FEEL_BAD	Num	8	3.	F347: E19. Feeling bad about yourself
113	TROU_CON	Num	8	3.	F347: E20. Trouble concentrating on things
114	MOVE_SLOW	Num	8	3.	F347: E21. Moving or speaking so slowly

Num	Variable	Type	Len	Informat	Label
115	DEAD_HURT	Num	8	3.	F347: E22. Thoughts that you would be better off dead
116	HOW_DIFF	Num	8	3.	F347: E23. How difficult have problems made it for you to do your work?
117	SIX_MONTHS	Num	8	3.	F347: F1. Have you engaged in sexual activities with partner: 6 months
118	FREQ_DES	Num	8	3.	F347: G1. How frequently do you feel sexual desire?
119	CLIMAX	Num	8	3.	F347: G2. Do you climax (have an orgasm)?
120	SEX_EXCIT	Num	8	3.	F347: G3. Do you feel sexually excited?
121	SATIS_SEX	Num	8	3.	F347: G4. How satisfied are you with the variety of sexual activities
122	PAIN_SEX	Num	8	3.	F347: G5. Do you feel pain during sexual intercourse?
123	INCON_SEX	Num	8	3.	F347: G6. Are you incontinent of urine with sexual activities?
124	FEAR_SEX	Num	8	3.	F347: G7. Does fear of incontinence restrict your sexual activity?
125	AVOID_SEX	Num	8	3.	F347: G8. Do you avoid sexual intercourse?
126	NEG_SEX	Num	8	3.	F347: G9. Do you have negative emotional reactions?
127	ERECT_SEX	Num	8	3.	F347: G10. Does your partner have a problem with erections?
128	PE_SEX	Num	8	3.	F347: G11. Does your partner have a problem with premature ejaculation?
129	ORGAS_SEX	Num	8	3.	F347: G12. How intense are the orgasms in the past 6 months?
130	PARTNER	Num	8	3.	F347: H1. Do you have a partner at this time?
131	FREQ_DES_2	Num	8	3.	F347: H2. How frequently do you feel sexual desire?
132	SATIS_SEX_2	Num	8	3.	F347: H3. How satisfied are you with the variety of sexual activities
133	PAIN_SEX_2	Num	8	3.	F347: H4. Fear of pain during sexual intercourse restrict activities?
134	INCON_SEX_2	Num	8	3.	F347: H5. Does fear of incontinence restrict your sexual activity?
135	AVOID_SEX_2	Num	8	3.	F347: H6. Avoid sexual intercourse because of bulging in the vagina?

**Data Set Name: f351.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F351: A2. Visit
3	INT_TYPE	Num	8	3.	F351: A5. Interview type:
4	MESA_STR_1	Num	8	3.	F351: B1. Does coughing gently cause you to lose urine
5	MESA_STR_2	Num	8	3.	F351: B2. Does coughing hard cause you to lose urine
6	MESA_STR_3	Num	8	3.	F351: B3. Does sneezing cause you to lose urine
7	MESA_STR_4	Num	8	3.	F351: B4. Does lifting things cause you to lose urine
8	MESA_STR_5	Num	8	3.	F351: B5. Does bending cause you to lose urine
9	MESA_STR_6	Num	8	3.	F351: B6. Does laughing cause you to lose urine
10	MESA_STR_7	Num	8	3.	F351: B7. Does walking briskly or jogging cause you to lose urine
11	MESA_STR_8	Num	8	3.	F351: B8. Does straining cause you to lose urine
12	MESA_STR_9	Num	8	3.	F351: B9. Does getting up from sitting cause you to lose urine
13	MESA_RES	Num	8	3.	F351: B10. Did patient answer "Sometimes or Often" to any B1-B9
14	MESA_URG_1	Num	8	3.	F351: B11. Urge symptoms: Little warning
15	MESA_URG_2	Num	8	3.	F351: B12. Urge symptoms: Wetting self
16	MESA_URG_3	Num	8	3.	F351: B13. Urge symptoms: Sudden bladder full
17	MESA_URG_4	Num	8	3.	F351: B14. Urge symptoms: Washing hands
18	MESA_URG_5	Num	8	3.	F351: B15. Urge symptoms: Cold weather
19	MESA_URG_6	Num	8	3.	F351: B16. Urge symptoms: Drinking cold beverages
20	UR_FREQ	Num	8	3.	F351: B17. Have you had increase in frequency of urination?
21	STRAIN_UR	Num	8	3.	F351: B18a. Currently have to: Strain to urinate
22	BEND_UR	Num	8	3.	F351: B18b. Currently have to: Bend forward to urinate
23	LEAN_UR	Num	8	3.	F351: B18c. Currently have to: Lean back to urinate
24	STAND_UR	Num	8	3.	F351: B18d. Currently have to: Stand up to urinate
25	PRESS_UR	Num	8	3.	F351: B18e. Currently have to: Press on your bladder to urinate
26	PUSH_UR	Num	8	3.	F351: B18f. Currently have to: Push on the vagina to empty your bladder
27	OTH_ACC_UR	Num	8	3.	F351: B18g. Currently have to: Do anything else to urinate
28	UR_BOTH	Num	8	3.	F351: B19. How bothered are you by the way you urinate now?
29	STEADY_STR	Num	8	3.	F351: B20a. Would you describe current stream: A steady stream of urine
30	SLOW_STR	Num	8	3.	F351: B20b. Would you describe current stream: A slow stream of urine
31	SPURT_STR	Num	8	3.	F351: B20c. Would you describe current stream: Spurting stream of urine
32	HEIST_STR	Num	8	3.	F351: B20d. Would you describe current stream: Hesitating stream of urine
33	DRIB_STR	Num	8	3.	F351: B20e. Would you describe current stream: Dribbling after finished
34	OTH_STR	Num	8	3.	F351: B20f. Would you describe current stream: Some other description
35	INC_EMPTY	Num	8	3.	F351: B21. Do you currently experience incomplete bladder emptying
36	UR_TIME	Num	8	3.	F351: B22. Time it takes to urinate compared to before surgery?

Num	Variable	Type	Len	Informat	Label
37	STR_BM	Num	8	3.	F351: B23. Do you have to strain to have a bowel movement?
38	OFT_STR_BM	Num	8	3.	F351: B23a. How often do you have to strain to have bowel movements?
39	GAS_LK	Num	8	3.	F351: B24. Do you have leaking or loss of control of gas?
40	OFT_GAS_LK	Num	8	3.	F351: B24a. How often does this happen? Would you say...
41	LIQ_STOOL_LK	Num	8	3.	F351: B25. Do you have leaking or loss of control of liquid stool
42	OFT_LIQ_LK	Num	8	3.	F351: B25a. How often does this happen? Would you say...
43	SOL_STOOL_LK	Num	8	3.	F351: B26. Do you have leaking or loss of control of solid stool
44	OFT_SOLID_LK	Num	8	3.	F351: B26a. How often does this happen? Would you say...
45	PHYS_VISIT	Num	8	3.	F351: C1. Have you seen a doctor for reason related to TOMUS surgery
46	O_PHYS_VISIT	Num	8	3.	F351: C3. Have you seen a doctor for any other reason?
47	ER_VISIT	Num	8	3.	F351: C6. Have you been to the emergency room for any reason
48	NEW_SURG	Num	8	3.	F351: C7. Have you had abdominal or pelvic surgery since TOMUS
49	HOS_ADMIT	Num	8	3.	F351: C9. Have you been hospitalized for any other reason

**Data Set Name: f352.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VISIT	Char	4	\$4.	F352: A2. Visit #
6	PT_RPT_PAIN	Num	8	3.	F352: B1. Did the patient report any pain
7	P_REL_SURG	Num	8	3.	F352: B1a. Do you judge this plan to be related to TOMUS surgery
8	TX_PAIN	Num	8	3.	F352: B2. Did patient receive new or continuing treatment
9	PAIN_MED	Num	8	3.	F352: B2a. Medication
10	PAIN_PHYTH	Num	8	3.	F352: B2b. Physical therapy
11	PAIN_OTH_TX	Num	8	3.	F352: B2c. Other treatment or referrals
12	TX_VOID_DYS	Num	8	3.	F352: B3. Did patient receive new treatment for voiding dysfunction
13	PRO_TREAT	Num	8	3.	F352: B4. Did patient receive new treatment for vaginal prolapse
14	EVD_URGE	Num	8	3.	F352: B5. Evidence of new/continuing urge incontinence
15	URGSYM_PRSRG	Num	8	3.	F352: B5a. Did patient have urge incontinence symptoms prior to TOMUS
16	TXURGE_PRSRG	Num	8	3.	F352: B5b. Treatment for urge incontinence prior to TOMUS
17	TXURGE_IVIS	Num	8	3.	F352: B6. New treatment for urge incontinence since last study visit?
18	EVD_SUI	Num	8	3.	F352: B7. Recurrent stress urinary incontinence since last visit
19	TX_SUI	Num	8	3.	F352: B7a. New/continuing treatment for recurrent SUI since last visit
20	AE_LSTVIS	Num	8	3.	F352: C1. Any adverse events since last study visit
21	PL_SIG	Num	8	3.	F352: D1. Is this field signed by the Surgeon?
22	EVENT_NUM	Num	8	3.	F352: C1a. Event number
23	EVENT_CODE	Num	8	3.	F352: C1b. Event Code
24	RS_ORDER	Num	8	5.	RS_ORDER
25	DAYS	Num	8		Completion days since randomization
26	VOIDFRD	Num	8		First trt days for voiding dysfunction since randomization
27	PROD	Num	8		First trt days for vaginal prolapse since randomization
28	TXURD	Num	8		First trt days for urge incontinence since randomization
29	SUID	Num	8		First trt days for recurrence SUI since randomization
30	PSIGD	Num	8		Signature days since randomization

*Data Set Name: f353.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F353: A2. Visit:
3	ST_VOID_VOL	Num	8	4.	F353: B1. Voided volume
4	EMPTY_ST	Num	8	3.	F353: B2. Outcome of empty bladder stress test (EBST):
5	EBST_VAL	Num	8	3.	F353: B2ai. Positive with Valsalva in dorsal lithotomy position?
6	EBST_COUGH	Num	8	3.	F353: B2aii. Positive with cough in dorsal lithotomy position?
7	EBST_PVR	Num	8	4.	F353: B3. Record the volume of the EBST (i.e. PVR):
8	B4_COMP	Num	8	3.	F353: B3a. Is question B4 completed?
9	MCC	Num	8	4.	F353: B4. Record MCC:
10	B5_COMP	Num	8	3.	F353: B4b. Are questions B5 and B5a completed?
11	FULL_BLAD_ST	Num	8	3.	F353: B5. Outcome of full bladder stress test (FBST):
12	DOR_VAL	Num	8	3.	F353: B5ai. positive with Valsalva in dorsal lithotomy position?
13	DOR_COUGH	Num	8	3.	F353: B5aii. positive with cough in dorsal lithotomy position?
14	STAND_VAL	Num	8	3.	F353: B5aiii. positive with Valsalva standing?
15	STAND_COUGH	Num	8	3.	F353: B5aiv. positive with cough standing?
16	C1_COMP	Num	8	3.	F353: C0. Are questions C1, C2 and C2a completed?
17	VOID_VOL	Num	8	5.	F353: C1. Voided volume
18	PVR	Num	8	4.	F353: C2. PVR
19	PVR_METHOD	Num	8	3.	F353: C2a. Was the PVR...
20	ANTIBIOTIC	Num	8	3.	F353: C3. Was a prophylactic antibiotic given?
21	SUI	Num	8	3.	F353: D1. Did patient demonstrate SUI at a bladder volume <=300 ml?
22	BLAD_FILL	Num	8	4.	F353: B4. Was the bladder filled to 300mL or to an MCC <300mL?

*Data Set Name: f354.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F354: A2. Visit:
3	POPQ_AA	Num	8	6.1	F354: B1. anterior wall 3 cm from external urethral meatus
4	POPQ_BA	Num	8	6.1	F354: B2. most dependent part of anterior wall
5	POPQ_C	Num	8	6.1	F354: B3. cervix or vaginal cuff
6	POPQ_D	Num	8	6.1	F354: B4. posterior fornix (if no prior total hyst)
7	POPQ_AP	Num	8	6.1	F354: B5. posterior wall 3 cm from hymen
8	POPQ_BP	Num	8	6.1	F354: B6. most dependent part of posterior wall
9	POPQ_GH	Num	8	6.1	F354: B7. genital hiatus (mid urethral meatus to vaginal introitus)
10	POPQ_PB	Num	8	6.1	F354: B8. perineal body
11	POPQ_TVL	Num	8	6.1	F354: B9. total vaginal length
12	PRO_STAGE	Num	8	3.	F354: B10. Record prolapse Stage

**Data Set Name: f356.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VISIT	Char	4	\$4.	F356: A2. Visit #
6	PT_DATA	Num	8	3.	F356: B1. Are there Pad Test measures to record below?
7	TOT_PADS	Num	8	3.	F356: B3. Number of pads distributed in the Kit:
8	MENST	Num	8	3.	F356: B6. Was the patient menstruating when Pad Test was conducted?
9	PT_PROTO	Num	8	3.	F356: B7. Was the Pad Test completed per protocol requirements?
10	PT_VALIDITY	Num	8	3.	F356: B8. Do you judge the test to be valid or invalid?
11	SUM_PRE	Num	8	7.2	F356: B15. Sum of all pre-weights
12	SUM_POST	Num	8	8.2	F356: B16. Sum of all post-weights
13	WEIGHT_DIFF	Num	8	8.2	F356: B17. What is the difference of B16 - B15?
14	WEIGHT_FAIL	Num	8	3.	F356: B18. Is B17 >= 15.00 grams?
15	NERI_VAL_RVW	Num	8	3.	F356: C10. NERI Validity Review
16	rm_f356	Num	8		F356: Had repeated measure/duplicate records
17	repeat_meas_vd	Num	8	3.	F356: A4. Is this a repeat measure?
18	VD_DATA	Num	8	3.	F356: C1. Are there voiding diary data to record below
19	DAY1_DAY	Num	8	3.	F356: C3a. Day of the week: Day 1
20	DAY1_ACC	Num	8	3.	F356: C3b. Number of accidents: Day 1
21	WAKE_VOID_1	Num	8	3.	F356: C3c. Toilet voids during waking hours: Day 1
22	BED_VOID_1	Num	8	3.	F356: C3d. Toilet voids during bedtime hours: Day 1
23	DAY2_DAY	Num	8	3.	F356: C4a. Day of the week: Day 2
24	DAY2_ACC	Num	8	3.	F356: C4b. Number of accidents: day 2
25	WAKE_VOID_2	Num	8	3.	F356: C4c. Toilet voids during waking hour: Day 2
26	BED_VOID_2	Num	8	3.	F356: C4d. Toilet voids during bedtime hours: Day 2
27	DAY3_DAY	Num	8	3.	F356: C5a. Day of the week:Day 3
28	DAY3_ACC	Num	8	3.	F356: C5b. Number of accidents: Day 3
29	WAKE_VOID_3	Num	8	3.	F356: C5c. Toilet voids during waking hour: Day 3
30	BED_VOID_3	Num	8	3.	F356: C5d. Toilet voids during bedtime hours: Day 3
31	ANY_ACCID	Num	8	3.	F356: C6. Did the woman report any accidents during the 3-day Diary?
32	VD_PROTO	Num	8	3.	F356: C7. Was the Voiding Diary completed per protocol?
33	VD_DEV_TYPE	Num	8	3.	F356: C7a. Was it a...
34	VD_VALIDITY	Num	8	3.	F356: C8. Do you judge voiding diary to be valid or invalid?
35	tot_void	Num	8		F356 Diary: NumVoids (in 3dy)
36	ave_void	Num	8		F356 Diary: ave #voids per dy



<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Informat</b>	<b>Label</b>
37	tot_acc	Num	8		F356 Diary: total #accidents per dy
38	ave_acc	Num	8		F356 Diary: ave #accidents per dy
39	DAYSVOID	Num	8		Days voiding diary distributed since randomization
40	DAY1	Num	8		Days of diary day 1 since randomization
41	DAY2	Num	8		Days of diary day 2 since randomization
42	DAY3	Num	8		Days of diary day 3 since randomization
43	Dayfail	Num	8		Days of diary failure since randomization
44	pt_time_min	Num	8		PAD test time in minutes
45	pt_time_hr	Num	8		PAD test time in hours

**Data Set Name: f357.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	VISIT	Char	4	\$4.	F357: A2. Visit
3	MODE1	Num	8	3.	F357: A5. Mode:
4	UR_LEAK	Num	8	3.	F357: B1. Urine leakage
5	UR_URIN	Num	8	3.	F357: B2. An urgency to urinate fear not making it to the bathroom
6	FREQ_URIN	Num	8	3.	F357: B3. Frequent urination
7	PHY_ACT	Num	8	3.	F357: B4. Physical activities
8	SOC_ACT	Num	8	3.	F357: B5. Social activities
9	SEX_ACT	Num	8	3.	F357: B6. Sexual activity
10	EMOTIONS	Num	8	3.	F357: B7. Your emotions
11	SURG_AGAIN	Num	8	3.	F357: B8. Would you have the surgery again?
12	SURG_REC	Num	8	3.	F357: B9. Would you recommend the surgery?
13	COND_NOW	Num	8	3.	F357: C1. Number that best describes how your urinary tract condition
14	OFTEN_LK	Num	8	3.	F357: C2. How often do you leak urine?
15	USUAL_LK	Num	8	3.	F357: C3. How much urine do you usually leak?
16	LK_INTERFERE	Num	8	4.	F357: C4. Overall, how much does leaking interfere with everyday life?
17	NEVER_LEAK	Num	8	3.	F357: C5. Never $\zeta$ urine does not leak
18	LK_TOILET	Num	8	3.	F357: C6. Leaks before you can get to the toilet
19	LK_COUGH	Num	8	3.	F357: C7. Leaks when you cough or sneeze
20	LK_ASLEEP	Num	8	3.	F357: C8. Leaks when you are asleep
21	LK_ACTIVE	Num	8	3.	F357: C9. Leaks when you are physically active/exercising
22	LK_DRESS	Num	8	3.	F357: C10. Leaks when you have finished urinating and are dressed
23	LK_OBVIOUS	Num	8	3.	F357: C11. Leaks for no obvious reason
24	LK_ALLTIME	Num	8	3.	F357: C12. Leaks all the time
25	FREQ_URINE	Num	8	3.	F357: D1. frequent urination?
26	FREQ_URINE_A	Num	8	3.	F357: D1a. IF YES...
27	URGENCY	Num	8	3.	F357: D2. a strong feeling of urgency to empty your bladder?
28	URGENCY_A	Num	8	3.	F357: D2a. IF YES...
29	URGE_LEAK	Num	8	3.	F357: D3. urine leakage related to the feeling of urgency?
30	URGE_LEAK_A	Num	8	3.	F357: D3a. IF YES...
31	ACTV_LEAK	Num	8	3.	F357: D4. urine leakage related to physical activity
32	ACTV_LEAK_A	Num	8	3.	F357: D4a. IF YES...
33	GEN_LEAK	Num	8	3.	F357: D5. general urine leakage not related to urgency or activity?
34	GEN_LEAK_A	Num	8	3.	F357: D5a. IF YES...
35	SMALL_LEAK	Num	8	3.	F357: D6. small amounts of urine leakage (that is, drops)?
36	SMALL_LEAK_A	Num	8	3.	F357: D6a. IF YES...

Num	Variable	Type	Len	Informat	Label
37	LARGE_LEAK	Num	8	3.	F357: D7. large amounts of urine leakage?
38	LARGE_LEAK_A	Num	8	3.	F357: D7a. IF YES...
39	NITE_LEAK	Num	8	3.	F357: D8. nighttime urination?
40	NITE_LEAK_A	Num	8	3.	F357: D8a. IF YES...
41	BED_WET	Num	8	3.	F357: D9. bedwetting
42	BED_WET_A	Num	8	3.	F357: D9a. IF YES...
43	DIFF_EMPTY	Num	8	3.	F357: D10. difficulty emptying your bladder?
44	DIFF_EMPTY_A	Num	8	3.	F357: D10a. IF YES...
45	INCOM_BLAD	Num	8	3.	F357: D11. a feeling of incomplete bladder emptying?
46	INCOM_BLAD_A	Num	8	3.	F357: D11a. IF YES...
47	ABD_PRESS	Num	8	3.	F357: D12. lower abdominal pressure?
48	ABD_PRESS_A	Num	8	3.	F357: D12a. IF YES...
49	PAIN_URIN	Num	8	3.	F357: D13. pain when urinating?
50	PAIN_URIN_A	Num	8	3.	F357: D13a. IF YES...
51	ABD_PAIN	Num	8	3.	F357: D14. pain in the lower abdominal or genital area?
52	ABD_PAIN_A	Num	8	3.	F357: D14a. IF YES...
53	DULL_PELVIC	Num	8	3.	F357: D15. heaviness or dullness in the pelvic area?
54	DUL_PELVIC_A	Num	8	3.	F357: D15a. IF YES...
55	PROT_FEEL	Num	8	3.	F357: D16. a feeling of bulging or protrusion in the vaginal area
56	PROT_FEEL_A	Num	8	3.	F357: D16a. IF YES...
57	PROT_SEE	Num	8	3.	F357: D17. bulging or protrusion you can see in the vaginal area?
58	PROT_SEE_A	Num	8	3.	F357: D17a. IF YES...
59	PELV_DIS	Num	8	3.	F357: D18. pelvic discomfort when standing or physically exerting...
60	PELV_DIS_A	Num	8	3.	F357: D18a. IF YES...
61	PUSH_BLAD	Num	8	3.	F357: D19. Push on the vagina or perineum to empty bladder
62	PUSH_BLAD_A	Num	8	3.	F357: D19a. IF YES...
63	PUSH_BOWEL	Num	8	3.	F357: D20. Do you have to push on vagina to have a bowel movement
64	PUSH_BOWEL_A	Num	8	3.	F357: D20a. IF YES...
65	OTH_SYMP	Num	8	3.	F357: D21. Do you experience any other symptoms?
66	CHORES	Num	8	3.	F357: D23. ability to do household chores
67	REPAIR	Num	8	3.	F357: D24. ability to do usual maintenance or repair work done in home
68	SHOPPING	Num	8	3.	F357: D25. shopping activities?
69	HOBBIES	Num	8	3.	F357: D26. hobbies and pastime activities?
70	RECR_ACT	Num	8	3.	F357: D27. physical recreational activities
71	ENTER_ACT	Num	8	3.	F357: D28. entertainment activities
72	TRAV_LESS_20	Num	8	3.	F357: D29. ability to travel by car or bus for distances less than 20
73	TRAV_GRT_20	Num	8	3.	F357: D30. ability to travel by car or bus for distances greater than 2
74	GOING_PLACE	Num	8	3.	F357: D31. going to places if you are unsure about available restrooms?
75	VACATION	Num	8	3.	F357: D32. going on vacation?

Num	Variable	Type	Len	Informat	Label
76	CHURCH	Num	8	3.	F357: D33. church or temple attendance?
77	VOL_ACT	Num	8	3.	F357: D34. volunteer activities?
78	WORK_OUT	Num	8	3.	F357: D35. employment (work) outside the home?
79	VISIT_FRNDS	Num	8	3.	F357: D36. having friends visit you in your home?
80	SOC_OUT_ACT	Num	8	3.	F357: D37. participation in social activities outside your home?
81	FRIENDS	Num	8	3.	F357: D38. relationship with friends?
82	FAMILY	Num	8	3.	F357: D39. relationship with family excluding husband/companion?
83	HAVE_SEX	Num	8	3.	F357: D40. ability to have sexual relations?
84	WAY_DRESS	Num	8	3.	F357: D41. the way you dress?
85	EMO_HEALTH	Num	8	3.	F357: D42. emotional health?
86	PHYS_HEALTH	Num	8	3.	F357: D43. physical health?
87	SLEEP	Num	8	3.	F357: D44. sleep?
88	ODOR_RTRCT	Num	8	3.	F357: D45. How much does fear of odor restrict your activities?
89	EMBAR_RTRCT	Num	8	3.	F357: D46. How much does fear of embarrassment restrict your activities
90	NERVOUS	Num	8	3.	F357: D47. nervousness or anxiety?
91	FEAR	Num	8	3.	F357: D48. fear?
92	FRUSTRATION	Num	8	3.	F357: D49. frustration?
93	ANGER	Num	8	3.	F357: D50. anger?
94	DEPRESSION	Num	8	3.	F357: D51. depression?
95	EMBARRASS	Num	8	3.	F357: D52. embarrassment?
96	LITTLE_INT	Num	8	3.	F357: E1. Little interest or pleasure in doing things
97	FEEL_DOWN	Num	8	3.	F357: E2. Feeling down, depressed, or hopeless
98	TROUB_SLEEP	Num	8	3.	F357: E3. Trouble falling asleep or staying asleep, or sleeping too...
99	FEEL_TIRED	Num	8	3.	F357: E4. Feeling tired or having little energy
100	POOR_APP	Num	8	3.	F357: E5. Poor appetite or overeating
101	FEEL_BAD	Num	8	3.	F357: E6. Feeling bad about yourself
102	TROU_CON	Num	8	3.	F357: E7. Trouble concentrating on things
103	MOVE_SLOW	Num	8	3.	F357: E8. Moving or speaking so slowly
104	DEAD_HURT	Num	8	3.	F357: E9. Thoughts that you would be better off dead
105	HOW_DIFF	Num	8	3.	F357: E10. How difficult have problems made it for you to do your work?
106	SIX_MONTHS	Num	8	3.	F357: F1. Have you engaged in sexual activities with partner: 6 months
107	FREQ_DES	Num	8	3.	F357: G1. How frequently do you feel sexual desire?
108	CLIMAX	Num	8	3.	F357: G2. Do you climax (have an orgasm)?
109	SEX_EXCIT	Num	8	3.	F357: G3. Do you feel sexually excited?
110	SATIS_SEX	Num	8	3.	F357: G4. How satisfied are you with the variety of sexual activities
111	PAIN_SEX	Num	8	3.	F357: G5. Do you feel pain during sexual intercourse?
112	INCON_SEX	Num	8	3.	F357: G6. Are you incontinent of urine with sexual activities?
113	FEAR_SEX	Num	8	3.	F357: G7. Does fear of incontinence restrict your sexual activity?
114	AVOID_SEX	Num	8	3.	F357: G8. Do you avoid sexual intercourse?

Num	Variable	Type	Len	Informat	Label
115	NEG_SEX	Num	8	3.	F357: G9. Do you have negative emotional reactions?
116	ERECT_SEX	Num	8	3.	F357: G10. Does your partner have a problem with erections?
117	PE_SEX	Num	8	3.	F357: G11. Does your partner have a problem with premature ejaculation?
118	ORGAS_SEX	Num	8	3.	F357: G12. How intense are the orgasms in the past 6 months?
119	PARTNER	Num	8	3.	F357: H1. Do you have a partner at this time?
120	FREQ_DES_2	Num	8	3.	F357: H2. How frequently do you feel sexual desire?
121	SATIS_SEX_2	Num	8	3.	F357: H3. How satisfied are you with the variety of sexual activities
122	PAIN_SEX_2	Num	8	3.	F357: H4. Fear of pain during sexual intercourse restrict activities?
123	INCON_SEX_2	Num	8	3.	F357: H5. Does fear of incontinence restrict your sexual activity?
124	AVOID_SEX_2	Num	8	3.	F357: H6. Avoid sexual intercourse because of bulging in the vagina?

**Data Set Name: f360.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	ASSIGNMENT	Char	1	\$1.	ASSIGNMENT
2	age	Num	8		age (yrs) from time of randomization
3	sitename	Char	1		Study site
4	AID	Num	8		Subject ID
5	VISIT	Char	4	\$4.	F360: A2. Visit #:
6	HEIGHT	Num	8	3.	F360: B1. Height
7	WEIGHT	Num	8	4.	F360: B2. Weight
8	UT_CANCER	Num	8	3.	F360: C2. Have you been diagnosed with cancer of lower urinary tract?
9	UT_CANCER_A	Num	8	3.	F360: C2a. Have you been diagnosed with cancer:source code
10	PELV_RAD	Num	8	3.	F360: C3. Have you had pelvic radiation therapy?
11	PELV_RAD_A	Num	8	3.	F360: C3a. Have you had pelvic radiation therapy:source code
12	AUG_CST	Num	8	3.	F360: C6. have you had augmentation cystoplasty?
13	AUG_CST_A	Num	8	3.	F360: C6a. Have you had augmentation cystoplasty:source code
14	PARK_DIS	Num	8	3.	F360: C8. Have you been diagnosed with Parkinson's Disease?
15	PARK_DIS_A	Num	8	3.	F360: C8a. Have you been diagnosed with parkinson disease:source code
16	MULT_SEL	Num	8	3.	F360: C9. Have you been diagnosed with Multiple Sclerosis?
17	MULT_SEL_A	Num	8	3.	F360: C9a. Have you been diagnosed with multiple sclerosis:source code
18	SPIN_BIF	Num	8	3.	F360: C10. Have you been diagnosed with spina bifida?
19	SPIN_BIF_A	Num	8	3.	F360: C10a. Have you been diagnosed with spin bifida:source code
20	SPIN_INJ	Num	8	3.	F360: C11. Have you had spinal cord injury or trauma?
21	SPIN_INJ_A	Num	8	3.	F360: C11a. Have you had a spinal cord injury:source code
22	bmi	Num	8		Body Mass Index
23	DAYS	Num	8		Completion Days since randomization

**Data Set Name: f380.sas7bdat**

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Informat</b>	<b>Label</b>
1	AID	Num	8		Subject ID
2	FINAL_STATUS	Num	8	3.	F380: B1. Patient's Last Study Visit
3	CONT_TREAT	Num	8	3.	F380: B6. New or continuing treatment since last study visit?
4	DAYS	Num	8		Completion days since randomization
5	adm_days	Num	8		F380: B4. Admin decision or other date since randomization
6	lost_days	Num	8		F380: B2. Lost to FU date since randomization
7	cw_days	Num	8		F380: B3. Date consent withdrawn since randomization

**Data Set Name: f381.sas7bdat**

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	TX_VOID_DYS	Num	8	3.	F381: B1. Did patient receive new treatment for voiding dysfunction?
3	EVD_PROLAPSE	Num	8	3.	F381: B2. Is there new evidence of vaginal prolapse?
4	PRO_TREAT	Num	8	3.	F381: B2a. Did patient receive new treatment for vaginal prolapse?
5	EVD_URGE	Num	8	3.	F381: B3. Evidence of new/continuing urge incontinence
6	URGSYM_PRE	Num	8	3.	F381: B3a. Did patient have urge incontinence symptoms prior to TOMUS
7	TXURGE_IVIS	Num	8	3.	F381: B4. New treatment for urge incontinence since last study visit?
8	URGE_MED	Num	8	3.	F381: B4ai. Treatment for urge incontinence: Medication
9	DAYS	Num	8		Completion days since randomization
10	tx_days	Num	8		F381: B4b. First treatment for urge incontinence date since randomization



*Data Set Name: f394.sas7bdat*

Num	Variable	Type	Len	Informat	Label
1	AID	Num	8		Subject ID
2	FAIL_ASSOC	Num	8	3.	F394: A5. Is this Treatment Failure associated with a study visit?
3	FAIL_VISIT	Char	4	\$4.	F394: A6. With which visit is this failure associated?
4	ST_FAIL	Num	8	3.	F394: B1. Positive Stress Test:
5	MESA_FAIL	Num	8	3.	F394: B2. Self-reported stress-type UI symptoms (MESA):
6	PAD_FAIL	Num	8	3.	F394: B3. Positive Pad Test:
7	VD_FAIL	Num	8	3.	F394: B4. Self-reported leakage by the 3-day voiding diary:
8	SURG_FAIL	Num	8	3.	F394: B5. Surgical retreatment for SUI:
9	MED_FAIL	Num	8	3.	F394: B6. Pharmacologic treatment for SUI:
10	BEHAV_FAIL	Num	8	3.	F394: B7. Behavioral treatment for SUI:
11	DEVICE_FAIL	Num	8	3.	F394: B8. Device treatment for SUI:
12	PRIOR_06	Num	8	3.	F394: A7. Is this Treatment Failure occurring prior to 6 month visit?
13	DAYS	Num	8		Completion days since randomization
14	bf_days	Num	8		F394: B7a. Failure date since randomization
15	df_days	Num	8		F394: B8a. Failure date since randomization
16	mf_days	Num	8		F394: B6a. Failure date since randomization
17	mef_days	Num	8		F394: B2a. Failure date since randomization
18	pad_days	Num	8		F394: B3a. Failure date since randomization
19	sf_days	Num	8		F394: B1a. Failure date since randomization
20	suf_days	Num	8		F394: B5a. Failure date since randomization
21	vf_days	Num	8		F394: B4a. Failure date since randomization

**Data Set Name: tomusbase.sas7bdat**

Num	Variable	Type	Len	Format	Informat	Label
1	sitename	Char	1			Site
2	AID	Num	8			Subject ID
3	age	Num	8			age (yrs) from time of randomization
4	retropubic	Num	8	YNA.		Retropubic per rando comp
5	GENDER	Num	8	SEX.	3.	F300: B2. Patient gender:
6	hispanic	Num	8	HISPA.		Ethnicity
7	marstat	Num	8	YNA.		Marital Status
8	dura_mos	Num	8			DuraSymps(mos)
9	dura_yrs	Num	8			DuraSymps(yrs=mos/12)
10	MESA_score	Num	8			Total MESA score
11	MESA_index	Num	8			Total MESA index
12	ev_preg	Num	8	YNA.		Ever Preg
13	n_preg	Num	8			# Pregs
14	v_del	Num	8			Vaginal deliveries
15	ev_smoke	Num	8	YNA.		Ever Smoker
16	cr_smoke	Num	8	YNA.		Current Smoker
17	n_pregcat	Num	8	NPCAT.		#pregs categorized
18	occ_score	Num	8			Nam-Powers-Terrie Occupational Scores
19	largwtgm	Num	8			Weight of largest baby (gm)
20	largwtoz	Num	8			Weight of largest baby (oz)
21	stress_score1	Num	8			computed mesa stress score for baseline
22	urge_score1	Num	8			computed mesa urge score for baseline
23	stress_index1	Num	8			computed mesa stress index for baseline
24	urge_index1	Num	8			computed mesa urge index for baseline
25	MESA_score1	Num	8			computed mesa score for baseline
26	MESA_index1	Num	8			computed mesa index for baseline
27	uti	Num	8	YNA.		UTI:3 in 12 mos
28	menop	Num	8	MENOA.		Pre,Post,Peri,??
29	uisurg	Num	8	YNA.		Surgical tx for UI?
30	uitrt	Num	8	YNA.		Prior UI Trt
31	any_hrt	Num	8	AHRT.		Any use of HRT
32	uitreat	Num	8	YNA.		Non-Surgical tx for UI?
33	ui_tx_med	Num	8	YNA.		Medical (non-surg) tx for UI?
34	ui_tx_beh	Num	8	YNA.		Behavioral tx for UI?
35	ui_tx_dev	Num	8	YNA.		Device tx for UI?
36	ui_tx_alt	Num	8	YNA.		Alternative tx for UI?

Num	Variable	Type	Len	Format	Informat	Label
37	wt_lbs	Num	8			Wt (lbs)
38	ht_in	Num	8			Ht (in)
39	bmi	Num	8			BMI(kg/m^2)
40	bmi_30	Num	8	BMIAB.		BMI>30
41	pc_durcat	Num	8	PCDURF.		D2. PCG strength: Duration (categorized)
42	brink	Num	8			Brink's PCG strength total score
43	leadprol	Num	8			POP-Q LeadEdge
44	stage	Num	8			POP-Q Stage
45	sumprewt	Num	8			Sum Pre Wts
46	sumpstwt	Num	8			Sum Post Wts
47	diffwt	Num	8			Post-Pre Wts
48	pprot_pt	Num	8	YNA.		PadTest:PerProt
49	valid_pt	Num	8	YNA.		PadTest:Valid
50	pprot_vd	Num	8	YNA.		Diary:PerProt
51	valid_vd	Num	8	YNA.		Diary:Valid
52	wake_void1	Num	8			Toilet voids during waking hours at day 1
53	wake_void2	Num	8			Toilet voids during waking hours at day 2
54	wake_void3	Num	8			Toilet voids during waking hours at day 3
55	bed_void1	Num	8			Toilet voids during bedtime hours at day 1
56	bed_void2	Num	8			Toilet voids during bedtime hours at day 2
57	bed_void3	Num	8			Toilet voids during bedtime hours at day 3
58	tot_void1	Num	8			wake_void1 + bed_void1 at day 1
59	tot_void2	Num	8			wake_void1 + bed_void1 at day 2
60	tot_void3	Num	8			wake_void1 + bed_void1 at day 3
61	wake_vd_tot	Num	8			wake_void1 + wake_void2 + wake_void3
62	bed_vd_tot	Num	8			bed_void1 + bed_void2 + bed_void3
63	tot_void	Num	8			Diary: NumVoids (in 3dy)
64	ave_void	Num	8			Diary: ave #voids per dy
65	acc1	Num	8			FM06: VD Accidents: Day 1
66	acc2	Num	8			FM06: VD Accidents: Day 2
67	acc3	Num	8			FM06: VD Accidents: Day 3
68	tot_acc	Num	8			Diary: total #accidents of three days
69	ave_acc	Num	8			Diary: ave #accidents per dy
70	nyes	Num	8			No. of symproms/problems
71	expect	Num	8			Mean of non-missing expectations
72	udi1	Num	8	UDIFORM.		Frequent urination
73	udi2	Num	8	UDIFORM.		Strong feeling
74	udi3	Num	8	UDIFORM.		Leakage - urgency
75	udi4	Num	8	UDIFORM.		Leakage - phys. act.

Num	Variable	Type	Len	Format	Informat	Label
76	udi5	Num	8	UDIFORM.		General leakage
77	udi6	Num	8	UDIFORM.		Drops
78	udi7	Num	8	UDIFORM.		Large amounts
79	udi8	Num	8	UDIFORM.		Nighttime
80	udi9	Num	8	UDIFORM.		Bedwetting
81	udi10	Num	8	UDIFORM.		Emptying bladder
82	udi11	Num	8	UDIFORM.		Incomplete emptying
83	udi12	Num	8	UDIFORM.		Pressure
84	udi13	Num	8	UDIFORM.		Pain urinating
85	udi14	Num	8	UDIFORM.		Pain lower abdomen
86	udi15	Num	8	UDIFORM.		HEaviness
87	udi16	Num	8	UDIFORM.		Feeling bulging
88	udi17	Num	8	UDIFORM.		Seeing bulging
89	udi18	Num	8	UDIFORM.		Discomfort standing
90	udi19	Num	8	UDIFORM.		Push to urinate
91	udi20	Num	8	UDIFORM.		Push for BM
92	udi_o	Num	8			Obstructive Symptoms
93	udi_i	Num	8			Irritative Symptoms
94	udi_s	Num	8			Stress Symptoms
95	udi_tot	Num	8			Total UDI
96	iiq_a	Num	8			Activity
97	iiq_t	Num	8			Travel
98	iiq_so	Num	8			Social
99	iiq_e	Num	8			Emotional
100	iiq_tot	Num	8			Total IIQ
101	sf1	Num	8	SFA.		How frequently do you feel sexual desire?: 4:Always - 0:Never
102	sf2	Num	8	SFA.		Do you climax (have an orgasm)?: 4:Always - 0:Never
103	sf3	Num	8	SFA.		Do you feel sexually excited?: 4:Always - 0:Never
104	sf4	Num	8	SFA.		How satisfied are you with the variety of sexual activities?: 4:Always - 0:Never
105	sf5	Num	8	SFB.		Do you feel pain during sexual intercourse?: 4:Never - 0:Always
106	sf6	Num	8	SFB.		Are you incontinent of urine with sexual activities?: 4:Never - 0:Always
107	sf7	Num	8	SFB.		Does fear of incontinence restrict your sexual activity?: 4:Never - 0:Always
108	sf8	Num	8	SFB.		Do you avoid sexual intercourse?: 4:Never - 0:Always
109	sf9	Num	8	SFB.		Do you have negative emotional reactions?: 4:Never - 0:Always
110	sf10	Num	8	SFB.		Does your partner have a problem with erections?: 4:Never - 0:Always
111	sf11	Num	8	SFB.		Does your partner have a problem with premature ejaculation?: 4:Never - 0:Always
112	sf12	Num	8	SFC.		How intense are the orgasms in the past 6 months?: 4:Much more intense - 0:Much less intense

Num	Variable	Type	Len	Format	Informat	Label
113	PISQ_12	Num	8			UI Sexual Function
114	lk OftEN	Num	8			f307,C2(i.e. OFTEN_LK)>0
115	lk usual	Num	8			f307,C3(i.e. usual_lk)>0
116	interfere_lk	Num	8			f307,C4(i.e. lk_interfere)>0
117	iciq	Num	8			ICIQ:International Consultation on Incontinence Questionnaire
118	qtip_rst	Num	8			Q-tip test: Resting Angle
119	qtip_str	Num	8			Q-Tip Test: Angle at Maximum Straining
120	qtip_delta	Num	8			qtip_delta: qtip_str-qtip_rst
121	HUI3VL	Num	8			HUI3 Vision Level
122	HUI3HL	Num	8			HUI3 Hearing Level
123	HUI3SL	Num	8			HUI3 Speech Level
124	HUI3CL	Num	8			HUI3 Cognition Level
125	HUI3AL	Num	8			HUI3 Ambulation Level
126	HUI3DL	Num	8			HUI3 Dexterity Level
127	HUI3EL	Num	8			HUI3 Emotion Level
128	HUI3PL	Num	8			HUI3 Pain Level
129	HUI2SL	Num	8			HUI2 Sensation Level
130	HUI2ML	Num	8			HUI2 Mobility Level
131	HUI2CL	Num	8			HUI2 Cognition Level
132	HUI2BL	Num	8			HUI2 Self-care Level
133	HUI2EL	Num	8			HUI2 Emotion Level
134	HUI2PL	Num	8			HUI2 Pain Level
135	HUI2FL	Num	8			HUI2 Fertility Level
136	HUI3VU	Num	8			HUI3 Vision Utility Score
137	HUI3HU	Num	8			HUI3 Hearing Utility Score
138	HUI3SU	Num	8			HUI3 Speech Utility Score
139	HUI3CU	Num	8			HUI3 Cognition Utility Score
140	HUI3AU	Num	8			HUI3 Ambulation Utility Score
141	HUI3DU	Num	8			HUI3 Dexterity Utility Score
142	HUI3EU	Num	8			HUI3 Emotion Utility Score
143	HUI3PU	Num	8			HUI3 Pain Utility Score
144	HUI2SU	Num	8			HUI2 Sensation Utility Score
145	HUI2MU	Num	8			HUI2 Mobility Utility Score
146	HUI2CU	Num	8			HUI2 Cognition Utility Score
147	HUI2BU	Num	8			HUI2 Self-care Utility Score
148	HUI2EU	Num	8			HUI2 Emotion Utility Score
149	HUI2PU	Num	8			HUI2 Pain Utility Score
150	HUI2FU	Num	8			HUI2 Fertility Utility Score
151	HUI2OU	Num	8			HUI2 Overall Utility Score

Num	Variable	Type	Len	Format	Informat	Label
152	HUI3OU	Num	8			HUI3 Overall Utility Score
153	health_score	Num	8	HEALTH.		f307:health_score=health_rate if health_rate>0
154	DIABETES	Num	8	YNB.	3.	F316: B8. Do you have diabetes (high blood sugar)?
155	gynec	Num	8	YNA.		Previous Gynecologic Surgery
156	prolap	Num	8	YNA.		Previous Prolapse Surgery
157	hyst	Num	8	YNA.		Previous Hysterectomy Surgery
158	antrep	Num	8	YNA.		Previous Anterior Repair
159	cesdel	Num	8	YNA.		Previous Cesarean Delivery
160	diab	Num	8	YNA.		Diabetes
161	smkstat	Num	8	SMKST.		Smoking Status
162	wt_kg	Num	8			Weight
163	obese	Num	8	OBES.		bmi 3:>=30, 2:25--30,1:<25
164	gas_inc	Num	8	YNA.		gas incontinence
165	liq_inc	Num	8	YNA.		liquid incontinence
166	sol_inc	Num	8	YNA.		solid incontinence
167	any_fec_inc	Num	8	YNA.		Any Fecal Incontinence (gas, solid or liquid)
168	solliq_fec_inc	Num	8	YNA.		Solid/Liquid Fecal Incontinence Only
169	uitrtsurg	Num	8	YNA.		Any UI Treatment/Surgery
170	vdelcat	Num	8	DEL.		Vaginal deliveries categories: 1, 2, 3 and >=4
171	stagecat	Num	8	STCAT.		POP-Q stage (collapsed)
172	any_vag_del	Num	8	YNA.		Any Vaginal Delivery
173	c_sect	Num	8	CSEC.		Cesarean Delivery (C-section)
174	aa_popq	Num	8			POPQ Aa
175	bp_popq	Num	8			POPQ Bp
176	c_popq	Num	8			POPQ C
177	ap_popq	Num	8			POPQ Ap
178	ba_popq	Num	8			POPQ Ba
179	gh_popq	Num	8			POPQ GH
180	d_popq	Num	8			POPQ D
181	pb_popq	Num	8			POPQ PB
182	tv1_popq	Num	8			POPQ TVL
183	aacat	Num	8	AAC.		Categorized POPQ Aa
184	dur_inc_mth	Num	8			Duration of Incontinence (mths)
185	dur_inc_yrs	Num	8			Duration of Incontinence (yrs)
186	stress_mixed	Num	8	STRMIX.		New variable for incontinence type: 1: stress only, 2: stress predominant, 3: mixed
187	trt	Char	16			1=Retropubic, 2=Transobturator

**Data Set Name: tomusbase\_uds.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	AID	Num	8		Subject ID
2	pdet_bl_cmg_ck	Num	8		F305:computed to check D9.pdet_bl_cmg_ck=pves_bl_cmg-pabd_bl_cmg
3	pdet_bl_pfs_ck	Num	8		F305:computed to check E16c:pdet_bl_pfs_ck= pves_bl_pfs - and pabd_bl_pfs
4	voil_vol_150	Num	8	YNB.	1: voided volume >= 150
5	max_fl_nif	Num	8		F305:B1.NIF max flow
6	mean_fl_nif	Num	8		F305:B2.NIF mean flow
7	pattern_nif	Num	8	FLPATT.	F305:B6.NIF flow pattern
8	flow_t_nif	Num	8		F305:B3.NIF time to max flow
9	void_vol_nif	Num	8		F305:B4.NIF voided volume
10	pvr_nif	Num	8		F305:B5. NIF post-void residual
11	valid_mucp	Num	8	YNB.	F35Q:C1.are all mucp data valid
12	mucpwi	Num	8		F305:C2 if mucp_wi>0
13	mucpw2	Num	8		F305:C4 if mucp_w2>0
14	mucpw3	Num	8		F305:C6 if mucp_w3>0
15	mucpli	Num	8		F305:C3 if mucp_Li>0
16	mucpl2	Num	8		F305:C5 if mucp_L2>0
17	mucpl3	Num	8		F305:C7 if mucp_L3>0
18	mucP_w	Num	8		mean(mucpwi,mucpw2,mucpw3)
19	mucP_l	Num	8		mean(mucpLI,mucpL2,mucpL3)
20	mucp_2valid	Num	8	YNB.	=1:at least two valid values of MUCP
21	FUL_2valid	Num	8	YNB.	=1:at least two valid values of FUL
22	cmg_any_invl	Num	8	YNB.	F305:D6.FMCP Any invalid conditions for CMG?
23	pves_base_cmg	Num	8		F305:D7.Pves at CMG baseline
24	pabd_base_cmg	Num	8		F305:D8.Pabd at CMG baseline
25	pdet_base_cmg	Num	8		F305:D9.Pdet at CMG baseline
26	leak_val	Num	8	YNB.	F305:D12. Did leakage occur with valsalva
27	volume_lpp	Num	8		F305:D13. At what volume
28	first_desire	Num	8		F305:D10.Volume at first desire
29	strong_desire	Num	8		F305:D11.Volume at strong desire
30	lpp_leak1	Num	8		F305:D13a. raw pves at 1st leakage
31	lpp_leak2	Num	8		F305:D13b. raw pves at 2nd leakage
32	lpp_leak3	Num	8		F305:D13c. raw pves at 3rd leakage
33	leak_mcc	Num	8	LEAKM.	F305:D14.if mcc_leak>0 then leak_mcc = mcc_leak
34	vol_mcc	Num	8		F305:D15. Bladder volume at MCC
35	mcc_pves	Num	8		F305:D15a. pves at MCC
36	mcc_pabd	Num	8		F305:D15b. pabd at MCC

Num	Variable	Type	Len	Format	Label
37	detrusor	Num	8	YNB.	F305:D16.Detrusor overactivity?
38	detrusor_1	Num	8		F305:D16a.Vol at DO occurrence 1
39	detrusor_leak_1	Num	8	YNB.	F305:D16a1.Leaking at DO occurrence 1?
40	detrusor_2	Num	8		F305:D16b.Vol at DO occurrence 2
41	detrusor_leak_2	Num	8	YNB.	F305:D16b1.Leaking at DO occurrence 2?
42	detrusor_3	Num	8		F305:D16c.Vol at DO occurrence 3
43	detrusor_leak_3	Num	8	YNB.	F305:D16c1.Leaking at DO occurrence 3?
44	mcc_pdet	Num	8		F305:D15a-D15b:mcc_pves - mcc_pabd
45	pfs_any_invl	Num	8	YNB.	F305:E12.Any invalid conditions for PFS?
46	refill_pfs	Num	8	YNB.	F305:E13.Was the patient refilled for this PFS
47	cough_vd_pfs	Num	8	YNB.	F305:E14.Patient cough before PFS void?
48	pves_pabd_cn	Num	8	YNB.	F305:E15.70% concordance at post-void cough?
49	pfs_pves_bl	Num	8		F305:E16a.Pves at PFS baseline
50	pfs_pabd_bl	Num	8		F305:E16b.Pabd at PFS baseline
51	pfs_pdet_bl	Num	8		F305:E16c.Pdet at PFS baseline
52	pdet_qmax	Num	8		F305:E17a-E17b:pdet at Qmax
53	max_fl_pfs	Num	8		F305:E18. Max flow rate
54	flow_t_pfs	Num	8		F305:E19.Time to max Flow
55	void_vol_pfs	Num	8		F305:E20.Voided Volume
56	void_mech	Num	8	PFSVD.	F305:E21.PFS voiding pattern
57	cghpstvd_pfs	Num	8	YNB.	F305:E22. Patient cough after PFS void
58	pstcgh_pves	Num	8	YNB.	F305:E23 Pves signal functioning?
59	pstcgh_pabd	Num	8	YNB.	F305:E24 Pabd signal functioning?
60	valid_cmg	Num	8	YNA.	CMG:second validity criterion: if NOT E6=1 or E16a<0 or E16b<0
61	plaus_cmg	Num	8	YNA.	CMG plausibility first criteria
62	pos_mcc	Num	8	YNA.	CMG plausibility second criteria (part a)
63	plaus_mcc_pfs	Num	8	YNA.	CMG plausibility second criteria (part b)
64	plaus_mcc	Num	8	YNA.	does patient meet all plausibility criteria of CMG?
65	valid_pfs	Num	8	YNA.	PFS:second validity criterion: if NOT E12=1 or E16a<0 or E16b<0
66	plaus_base_pfs	Num	8	YNA.	PFS 1st plausibility criterion
67	plaus_pfs_mcc	Num	8	YNA.	PFS:second plausibility criterion
68	plaus_cough_pfs	Num	8	YNA.	PFS:third plausibility criterion
69	plaus_pfs	Num	8	YNA.	does patient meet all 3 plausibility criteria of PFS?
70	press_pfs	Num	8	YNA.	criteria for PFS(E16 and E17)
71	vlpp_nored	Num	8		mean(lpp_leak1,lpp_leak2,lpp_leak3)
72	lppmin	Num	8		min(lpp_leak1,lpp_leak2,lpp_leak3)
73	lppmax	Num	8		max(lpp_leak1,lpp_leak2,lpp_leak3)
74	detrusor_mean	Num	8		mean(detrusor_1,detrusor_2,detrusor_3)
75	detrusormin	Num	8		min(detrusor_1,detrusor_2,detrusor_3)



<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Label</b>
76	detrusormax	Num	8		max(detrusor_1,detrusor_2,detrusor_3)
77	leak_grp	Num	8	LK_GRP.	At what point did the patient leak?
78	usi	Num	8	USILK.	urinary stress incontinence (USI)

**Data Set Name: tomusfinal.sas7bdat**

Num	Variable	Type	Len	Format	Label
1	age	Num	8		age (yrs) from time of randomization
2	sitename	Char	1		Site
3	AID	Num	8		Subject ID
4	retrm_fail	Num	8	YNA.	retreatment failure - surgery, medical, behav, device or other
5	retropubic	Num	8	YNA.	Retropubic per rando comp
6	obsdays	Num	8		# days under observation
7	suidiff	Num	8		#days btw rand and stress fail date
8	mesadiff	Num	8		#days btw rand and mesa fail date
9	paddiff	Num	8		#days btw rand and pad fail date
10	vddiff	Num	8		#days btw rand and vd fail date
11	retrmdiff	Num	8		#days btw rand and retrm fail date
12	objfail	Num	8	FAILNFB.	any objective failure
13	subjfail	Num	8	FAILNFB.	any subjective failure - mesa or voiding diary
14	etmfail	Num	8	FAILNFB.	etmfail with 1 = fail, 2 = success
15	anyfail	Num	8	FAILNFB.	any objective or subjective failure
16	stressfail	Num	8	FAILNFB.	any stress failure (like SISTER)
17	dur_surg	Num	8		Total surgery time (in mins)
18	dur_sling_surg	Num	8		Mid urethral sling time (in mins)
19	concomsx	Num	8	YNA.	Concom Surg
20	nconcomsx	Num	8		# Concom Surgs
21	mucP_w	Num	8		mean(mucpwi,mucpw2,mucpw3)
22	vlpp_nored	Num	8		mean(lpp_leak1,lpp_leak2,lpp_leak3)
23	leak_grp	Num	8	LK_GRP.	At what point did the patient leak?
24	usi	Num	8	YNA.	urinary stress incontinence (USI)
25	usinoinvalid	Num	8	YNA.	USI variable that excludes those with missing leak_grp
26	vlpp90	Num	8	VLPP90F.	1 = vlpp_nored > 90 vs. 0 = no
27	vlpp3	Num	8	VLPP3F.	3 categories VLPP
28	obj_status	Num	8	LTSTATF.	first objective failure
29	obj_days	Num	8		days to first objective failure
30	subj_status	Num	8	LTSTATF.	first subj failure
31	subj_days	Num	8		days to first subj failure
32	any_status	Num	8	LTSTATF.	first obj or subj failure
33	any_days	Num	8		days to first obj or subj failure
34	stress_status	Num	8	LTSTATF.	first stress failure
35	stress_days	Num	8		days to first stress failure
36	inelig	Num	8	YNB.	ineligible per MM

Num	Variable	Type	Len	Format	Label
37	death	Num	8	YNB.	death per MM
38	crossover	Num	8	YNB.	crossover per MM
39	nostudyproc	Num	8	YNB.	did not receive study procedure per MM
40	objfail_01	Num	8	FAILNFC.	objfail with 0 = success, 1 = failure
41	subjfail_01	Num	8	FAILNFC.	subjfail with 0 = success, 1 = failure
42	anyfail_01	Num	8	FAILNFC.	anyfail with 0 = success, 1 = failure
43	stressfail_01	Num	8	FAILNFC.	stressfail with 0 = success, 1 = failure
44	etmfail_01	Num	8	FAILNFC.	etmfail with 0 = success, 1 = failure
45	trtm_01	Num	8	TRTM_01F.	assignment with 1 = RMUS, 0 = TMUS
46	obj_visit	Num	8		visit at which objectively failed or censored
47	subj_visit	Num	8		visit at which subjectively failed or censored
48	any_visit	Num	8		visit at which any failed or censored
49	stress_visit	Num	8		visit at which stress failed or censored
50	perprotocol	Num	8	YNA.	perprotocol with 1=yes, 0=no
51	obj_sens_fail	Num	8	FAILNFB.	objfail with 2 = success, 1 = failure with lost-to-fu set to fail
52	subj_sens_fail	Num	8	FAILNFB.	subjfail with 2 = success, 1 = failure with lost-to-fu set to fail
53	any_sens_fail	Num	8	FAILNFB.	anyfail with 2 = success, 1 = failure with lost-to-fu set to fail
54	stress_sens_fail	Num	8	FAILNFB.	stressfail with 2 = success, 1 = failure with lost-to-fu set to fail
55	trtm_01n	Num	8	TRTM_01NF.	1=TMUS, 0=RMUS
56	objfail_01n	Num	8	FAILNF.	objfail with 0 = fail, 1 = success
57	subjfail_01n	Num	8	FAILNF.	subjfail with 0 = fail, 1 = success
58	etmfail_01n	Num	8	FAILNF.	etmfail with 0 = fail, 1 = success
59	msgvlpp	Num	8	MSGVLPPF.	indicator for if vlpp missing
60	newvlpp	Num	8		set missing vlpp to mean value - 118.86
61	newvlppmax	Num	8		set missing vlpp to max value - 266
62	st_fail	Num	8	YNB.	st_fail with missing set to no
63	pad_fail	Num	8	YNB.	pad_fail with missing set to no
64	retrm_fail	Num	8	YNB.	retrm_fail with missing set to no
65	mesa_fail	Num	8	YNB.	mesa_fail with missing set to no
66	vd_fail	Num	8	YNB.	vd_fail with missing set to no

*Data Set Name: tomusm12\_uds.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	\$4.	\$4.	F305: A2. Visit
3	pdet_bl_cmg_ck	Num	8			F305:computed to check D9.pdet_bl_cmg_ck=pves_bl_cmg-pabd_bl_cmg
4	pdet_bl_pfs_ck	Num	8			F305:computed to check E16c:pdet_bl_pfs_ck= pves_bl_pfs - and pabd_bl_pfs
5	voil_vol_150	Num	8	YNB.		1: voided volume >= 150
6	max_fl_nif	Num	8			F305:B1.NIF max flow
7	mean_fl_nif	Num	8			F305:B2.NIF mean flow
8	pattern_nif	Num	8	FLPATT.		F305:B6.NIF flow pattern
9	flow_t_nif	Num	8			F305:B3.NIF time to max flow
10	void_vol_nif	Num	8			F305:B4.NIF voided volume
11	pvr_nif	Num	8			F305:B5. NIF post-void residual
12	valid_mucp	Num	8	YNB.		F35Q:C1.are all mucp data valid
13	mucpwi	Num	8			F305:C2 if mucp_wi>0
14	mucpw2	Num	8			F305:C4 if mucp_w2>0
15	mucpw3	Num	8			F305:C6 if mucp_w3>0
16	mucpli	Num	8			F305:C3 if mucp_Li>0
17	mucpl2	Num	8			F305:C5 if mucp_L2>0
18	mucpl3	Num	8			F305:C7 if mucp_L3>0
19	mucP_w	Num	8			mean(mucpwi,mucpw2,mucpw3)
20	mucP_l	Num	8			mean(mucpLI,mucpL2,mucpL3)
21	mucp_2valid	Num	8	YNB.		=1:at least two valid values of MUCP
22	FUL_2valid	Num	8	YNB.		=1:at least two valid values of FUL
23	cmg_any_invl	Num	8	YNB.		F305:D6.FMCP Any invalid conditions for CMG?
24	pves_base_cmg	Num	8			F305:D7.Pves at CMG followup
25	pabd_base_cmg	Num	8			F305:D8.Pabd at CMG followup
26	pdet_base_cmg	Num	8			F305:D9.Pdet at CMG followup
27	leak_val	Num	8	YNB.		F305:D12. Did leakage occur with valsalva
28	volume_lpp	Num	8			F305:D13. At what volume
29	first_desire	Num	8			F305:D10.Volume at first desire
30	strong_desire	Num	8			F305:D11.Volume at strong desire
31	lpp_leak1	Num	8			F305:D13a. raw pves at 1st leakage
32	lpp_leak2	Num	8			F305:D13b. raw pves at 2nd leakage
33	lpp_leak3	Num	8			F305:D13c. raw pves at 3rd leakage
34	leak_mcc	Num	8	LEAKM.		F305:D14.if mcc_leak>0 then leak_mcc = mcc_leak
35	vol_mcc	Num	8			F305:D15. Bladder volume at MCC
36	mcc_pves	Num	8			F305:D15a. pves at MCC

Num	Variable	Type	Len	Format	Informat	Label
37	mcc_pabd	Num	8			F305:D15b. pabd at MCC
38	detrusor	Num	8	YNB.		F305:D16.Detrusor overactivity?
39	detrusor_1	Num	8			F305:D16a.Vol at DO occurrence 1
40	detrusor_leak_1	Num	8	YNB.		F305:D16a1.Leaking at DO occurrence 1?
41	detrusor_2	Num	8			F305:D16b.Vol at DO occurrence 2
42	detrusor_leak_2	Num	8	YNB.		F305:D16b1.Leaking at DO occurrence 2?
43	detrusor_3	Num	8			F305:D16c.Vol at DO occurrence 3
44	detrusor_leak_3	Num	8	YNB.		F305:D16c1.Leaking at DO occurrence 3?
45	mcc_pdet	Num	8			F305:D15a-D15b:mcc_pves - mcc_pabd
46	pfs_any_invl	Num	8	YNB.		F305:E12.Any invalid conditions for PFS?
47	refill_pfs	Num	8	YNB.		F305:E13.Was the patient refilled for this PFS
48	cough_vd_pfs	Num	8	YNB.		F305:E14.Patient cough before PFS void?
49	pves_pabd_cn	Num	8	YNB.		F305:E15.70% concordance at post-void cough?
50	pfs_pves_bl	Num	8			F305:E16a.Pves at PFS followup
51	pfs_pabd_bl	Num	8			F305:E16b.Pabd at PFS followup
52	pfs_pdet_bl	Num	8			F305:E16c.Pdet at PFS followup
53	pdet_qmax	Num	8			F305:E17a-E17b:pdet at Qmax
54	max_fl_pfs	Num	8			F305:E18. Max flow rate
55	flow_t_pfs	Num	8			F305:E19.Time to max Flow
56	void_vol_pfs	Num	8			F305:E20.Voided Volume
57	void_mech	Num	8	PFSVD.		F305:E21.PFS voiding pattern
58	cghpstvd_pfs	Num	8	YNB.		F305:E22. Patient cough after PFS void
59	pstcgh_pves	Num	8	YNB.		F305:E23 Pves signal functioning?
60	pstcgh_pabd	Num	8	YNB.		F305:E24 Pabd signal functioning?
61	valid_cmg	Num	8	YNA.		CMG:second validity criterion: if NOT E6=1 or E16a<0 or E16b<0
62	plaus_cmg	Num	8	YNA.		CMG plausibility first criteria
63	pos_mcc	Num	8	YNA.		CMG plausibility second criteria (part a)
64	plaus_mcc_pfs	Num	8	YNA.		CMG plausibility second criteria (part b)
65	plaus_mcc	Num	8	YNA.		does patient meet all plausibility criteria of CMG?
66	valid_pfs	Num	8	YNA.		PFS:second validity criterion: if NOT E12=1 or E16a<0 or E16b<0
67	plaus_base_pfs	Num	8	YNA.		PFS 1st plausibility criterion
68	plaus_pfs_mcc	Num	8	YNA.		PFS:second plausibility criterion
69	plaus_cough_pfs	Num	8	YNA.		PFS:third plausibility criterion
70	plaus_pfs	Num	8	YNA.		does patient meet all 3 plausibility criteria of PFS?
71	press_pfs	Num	8	YNA.		criteria for PFS(E16 and E17)
72	vlpp_nored	Num	8			mean(lpp_leak1,lpp_leak2,lpp_leak3)
73	lppmin	Num	8			min(lpp_leak1,lpp_leak2,lpp_leak3)
74	lppmax	Num	8			max(lpp_leak1,lpp_leak2,lpp_leak3)
75	detrusor_mean	Num	8			mean(detrusor_1,detrusor_2,detrusor_3)

<b>Num</b>	<b>Variable</b>	<b>Type</b>	<b>Len</b>	<b>Format</b>	<b>Informat</b>	<b>Label</b>
76	detrusormin	Num	8			min(detrusor_1,detrusor_2,detrusor_3)
77	detrusormax	Num	8			max(detrusor_1,detrusor_2,detrusor_3)
78	leak_grp	Num	8	LK_GRP.		At what point did the patient leak?
79	usi	Num	8	USILK.		urinary stress incontinence (USI)