



SECTION A: GENERAL INFORMATION

A1. Study ID#:

A2. Visit # E-TOMUS .....ETOM

A3. Date Form Completed: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

A4. Study Staff Initials: \_\_\_ \_\_\_

SECTION B: STUDY STATUS

B1. Was the patient surgically retreated for SUI during TOMUS?

Yes ..... 1 → **END FORM/INELIGIBLE**

No ..... 2

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

Yes ..... 1 ↓

B2a. Date E-TOMUS consent signed: \_\_\_/\_\_\_/\_\_\_ → **END FORM**  
Month Day Year

No, patient refused ..... 2 → **SKIP TO B3**

No, unable to contact patient ..... 3 → **SKIP TO B3**

No, patient refused any future contact when TOMUS consent was withdrawn..... 4 → **SKIP TO B3**

No, other reason ..... 5 ↓

B2b. Specify other: \_\_\_\_\_ → **SKIP TO B3**

B3. Date of last contact with the patient: \_\_\_/\_\_\_/\_\_\_