

UITN E-TOMUS Medication Report
F373: Follow-Up Incontinence Medication Audit
Date: _____

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#:	A2. VISIT #:	F/U 36 Months.....ET36
	F/U 48 Months.....ET48	F/U 60 Months.....ET60
	F/U 72 Months.....ET72	F/U 84 Months.....ET84
A3. DATE FORM COMPLETED: ____ / ____ / ____ (MM/DD/YYYY)	A4. STUDY STAFF INITIALS: _ _ _	

STUDY EVENT Data Pulled From: _____

SECTION B: MEDICATION AUDIT

B1. Since we last completed this medication audit, have you taken any incontinence medication prescribed by a medical doctor, nurse practitioner or physician's assistant? This includes any incontinence medications that you are currently taking, that you may have been taking prior to the last time that we completed this audit, that you have continued to take, as well as incontinence medications prescribed by your doctor since that last audit that you are no longer taking now, or that you never filled at all.

Yes.....1
No.....2 » END OF FORM

I need a record of all your prescribed incontinence medications. Let's go through them one by one.

B2. Are there any discontinuations or changes in dose frequency for incontinence medications since the last study visit? Changes in frequency should be marked as discontinuations and then added as new medications with the new frequency.

Yes.....1
No.....2 » SKIP TO B3

a.	b.	c.	d.	e.
Med Id Number	Medication Name (will not be entered)	Frequency (will not be entered)	Start Date (will not be entered)	Stop Date

B3. Are there any additional incontinence medications since the last visit?

Yes.....1
No.....2 » END OF FORM

a.	b.	c.	d.
Medication Name (Print Name Precisely)	Frequency Regularly 1 PRN 2 RX'd/Not Used 3	Start Date	Stop Date