

**F374: Follow-Up Exam, version 03/09/09 (A)**

**SECTION A: GENERAL STUDY INFORMATION**

**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 Exam Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **A4. Examiner's Initials:** \_\_\_\_  
 Month Day Year

**A5. Date Form Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **A6. Study Staff Initials:** \_\_\_\_  
 Month Day Year

**SECTION B: ANTHROPOMETRIC MEASURES**

**B1. Height:** \_\_\_\_ inches **B2. Weight:** \_\_\_\_ lbs

**SECTION C: URINE DIPSTICK RESULTS**

**C1. Negative urine dipstick obtained prior to the visit (i.e. results trace or less for leukocytes and nitrites)?** Yes..... 1 **→SKIP TO D1** No ..... 2

**C2. Was catheterized specimen obtained and dipstick repeated or urine sent for culture or UA performed?** Yes..... 1 No ..... **2→PROTOCOL DEVIATION; COMPLETE F390 & SKIP TO D1**

**C3. Was result negative (trace or less) for leukocytes and nitrites?** Yes..... 1 No ..... 2

**REMINDER: COMPLETE FE91 AS NECESSARY (e.g. RECURRENT UTI EVENTS)**

**SECTION D: PELVIC ORGAN PROLAPSE QUANTIFICATION EXAM**

POINT	[DESCRIPTION]	VALUE	RANGE	NA
D1.	<b>Aa</b> anterior wall 3 cm from external urethral meatus .....	_____ . ____	-03 to +03	
D2.	<b>Ba</b> most dependent part of anterior wall .....	_____ . ____	-03 to +TVL	
D3.	<b>C</b> cervix or vaginal cuff .....	_____ . ____	± TVL	
D4.	<b>D</b> posterior fornix (if no prior total hyst) .....	_____ . ____	± TVL	888
D5.	<b>Ap</b> posterior wall 3 cm from hymen .....	_____ . ____	-03 to +03	
D6.	<b>Bp</b> most dependent part of posterior wall .....	_____ . ____	-03 to +TVL	
D7.	<b>GH</b> genital hiatus (mid urethral meatus to vaginal introitus posterior Fourchette) .....	_____ . ____	no limit	

