

**SECTION A: GENERAL STUDY INFORMATION**

|   |  |
|---|--|
| <p><b>A1. Study ID#:</b> <input type="text" value="Label"/></p> <p><b>A3. Study Staff Initials:</b> _____</p> | <p><b>A2. Date Form Completed:</b> ____/____/____<br/>Month Day Year</p> <p><b>A4. Patient's Last Study Visit:</b> _____</p> |
|---|--|

**SECTION B: Patient Symptoms and Treatments**

B1. Based upon a review of all source documents ...

**Since the last study visit for which data was collected, did the patient receive any new or continuing treatment for voiding dysfunction?**

*[Voiding dysfunction is defined as using a catheter to facilitate bladder emptying OR is undergoing medical or surgical therapy to facilitate bladder emptying.]*

Yes ..... 1                      No..... 2 → **SKIP TO B2**

B1a. Circle yes or no for all treatments received by the patient for **voiding dysfunction** since the last study visit:

| YES | NO |
|-----|----|
|-----|----|

- i. Any catheter use ..... 1      2
- ii. Urethral dilation ..... 1↓      2
  - a. Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
- iii. Tape loosening ..... 1↓      2
  - a. Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
- iv. Tape incision ..... 1↓      2
  - a. Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
- v. Urethrolysis and tape take-down ..... 1↓      2
  - a. Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
- vi. Medication ..... 1      2
- vii. Other ..... 1↓      2
  - a. Specify: \_\_\_\_\_
  - b. Specify date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

B2. Based upon a review of all source documents...

Since the last study visit for which data was collected, is there new or continuing evidence of vaginal prolapse?

Yes..... 1 No..... 2

B2a. Did the patient receive any new or continuing treatment for vaginal prolapse since the last study visit?

Yes..... 1 No..... 2 -> SKIP TO B3

B2b. Circle yes or no for all treatments received by the patient for vaginal prolapse since the last study visit:

| YES | NO |
|-----|----|
|-----|----|

- i. Anterior repair ..... 1↓ 2
  - a. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year
- ii. Posterior repair..... 1↓ 2
  - a. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year
- iii. Enterocele repair ..... 1↓ 2
  - a. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year
- iv. Vaginal vault suspension ..... 1↓ 2
  - a. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year
- v. Pessary ..... 1↓ 2
  - a. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year
- vi. Other ..... 1↓ 2
  - a. Specify: \_\_\_\_\_
  - b. Specify date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year



B5. Based upon a review of all source documents....

Since the last study visit for which data was collected, is there new or continuing evidence of recurrent stress urinary incontinence (SUI)?

Yes..... 1 No ..... 2

B5a. Did the patient receive any new or continuing treatment for recurrent SUI since the last study visit?

YES ..... 1

NO ..... 2 → SKIP TO SECTION C

B5b. Circle yes or no for all treatments received by the patient for recurrent SUI since the last study visit:

| YES | NO |
|-----|----|
|-----|----|

|   |    |   |
|---|----|---|
| i. Burch colposuspension.....                                   | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| ii. Sling procedure .....                                       | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| iii. Tightening of previous sling .....                         | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| Additional dates: _____ / _____ / _____<br>Month Day Year       |    |   |
| _____ / _____ / _____<br>Month Day Year                         |    |   |
| iv. Needle suspension (Raz, Pereyra, Stamey, Gittes, etc.)..... | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| Additional dates: _____ / _____ / _____<br>Month Day Year       |    |   |
| _____ / _____ / _____<br>Month Day Year                         |    |   |
| v. Suburethral plication .....                                  | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| Additional dates: _____ / _____ / _____<br>Month Day Year       |    |   |
| _____ / _____ / _____<br>Month Day Year                         |    |   |
| vi. Periurethral bulking agent injection .....                  | 1↓ | 2 |
| a. Specify date: _____ / _____ / _____<br>Month Day Year        |    |   |
| Additional dates: _____ / _____ / _____<br>Month Day Year       |    |   |
| _____ / _____ / _____<br>Month Day Year                         |    |   |

vii. Other surgical treatment ..... 1↓ 2

a. Specify: \_\_\_\_\_

b. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Additional dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

viii. Alpha-agonists ..... 1↓ 2

a. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

ix. Other pharmacologic treatment ..... 1↓ 2

a. Specify: \_\_\_\_\_

b. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

x. Pelvic muscle rehabilitation (with or without biofeedback) ..... 1↓ 2

a. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

xi. Device insertion, such as vaginal cone, pessary, urethral plug, patch ..... 1↓ 2

a. Specify: \_\_\_\_\_

b. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Additional dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

xii. Any other treatment ..... 1↓ 2

a. Specify: \_\_\_\_\_

b. Specify date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**SECTION C: SURGEON'S SIGNATURE**

Surgeon's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year