

**SECTION A: GENERAL STUDY INFORMATION**

<p><b>A1.</b> Study ID#: <span style="border: 1px solid black; padding: 2px 20px;">LABEL</span></p> <p><b>A3.</b> Date Form Completed: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>A5.</b> Is this Treatment Failure associated with a study visit?          YES ..... 1 NO.....2 <b>→SKIP TO A7</b></p> <p><b>A7.</b> What is the next scheduled visit?          36 MONTHS ..... ET36    48 MONTHS..... ET48          60 MONTHS ..... ET60    72 MONTHS..... ET72          84 MONTHS ..... ET84</p>	<p><b>A2.</b> Visit: FAILURE .....ETFL</p> <p><b>A4.</b> Initials of Person Completing this Form: _____</p> <p><b>A6.</b> With which visit is this failure associated?          36 MONTHS .....ET36    48 MONTHS..... ET48          60 MONTHS .....ET60    72 MONTHS..... ET72          84 MONTHS .....ET84                    <b>→GO TO B1</b></p>
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**SECTION B: TREATMENT FAILURE**

Document any **“first”** failures by type below (NOTE: Data is continuous from TOMUS).

Circle yes or no for each answer:

YES	NO
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<p><b>B1.</b> Self-reported stress-type UI symptoms [MESA].....</p> <p style="margin-left: 100px;"><b>B1a.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>B2.</b> Surgical retreatment for SUI .....</p> <p style="margin-left: 100px;"><b>B2a.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>B3.</b> Pharmacologic treatment for SUI.....</p> <p style="margin-left: 100px;"><b>B3a.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>B4.</b> Behavioral treatment for SUI .....</p> <p style="margin-left: 100px;"><b>B4a.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>B5.</b> Device treatment for SUI.....</p> <p style="margin-left: 100px;"><b>B5a.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p> <p><b>B6.</b> Other treatment for SUI.....</p> <p style="margin-left: 100px;"><b>B6a.</b> Specify: _____</p> <p style="margin-left: 100px;"><b>B6b.</b> Date of Failure: ____ / ____ / ____  <small>Month Day Year</small></p>	<p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p> <p>1 ↓    2</p>
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*I have reviewed the above-stated information and am confirming its accuracy with my signature below.*

Principal Investigator's Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year