



**SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY**

A1. Study ID#:

A2. Visit # Baseline ..... TBAS

A3. IS THIS A REPEAT MEASURE DUE TO A PREVIOUSLY EXPIRED MEASURE?

YES ..... 1

NO ..... 2

**SECTION B: URETHRAL HYPERMOBILITY (Q-TIP TEST)**

B1. Resting Angle: \_\_\_\_\_ °

B2. Angle at Maximum Straining: \_\_\_\_\_ °

B3. Date Q-Tip Test Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

B4. Q-Tip Test Examiner's ID: \_\_\_\_\_

B5. Date Abstract Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

B6. Abstractor's ID: \_\_\_\_\_