



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: _____