



**Section A: General Study Information for Office Use Only:**

<b>A1.</b> Study ID#: <input type="text" value="Label"/>	<b>A2.</b> Visit # F/U 12 Months..... TF12 F/U 24 Months..... TF24
<b>A3.</b> Date Form Completed: ____ / ____ / ____ MONTH DAY YEAR	<b>A4.</b> Initials of the Person Completing This Form: ____
<b>A5.</b> Which version of this Form was used? ENGLISH ..... 1 SPANISH..... 2	

**SECTION B: ANTHROPOMETRIC MEASURES**

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

**SECTION C: NEWLY DIAGNOSED HEALTH CONDITIONS**

This section includes questions about conditions that you may now have.

†SOURCE CODES: 1 = PATIENT; 2 = MEDICAL RECORD; 3 = BOTH PT & RECORD, 4 = SITE PI, 5 = PT REPORT AND SENT FOR MR. ↓

DOES THE PATIENT REPORT OR IS THERE EVIDENCE OF ANY OF THE FOLLOWING CONDITIONS?		YES	NO	a. SOURCE CODE†
<b>ASK, “Since your TOMUS surgery...”</b>				
C1.	...do you consistently use a wheel chair to get around?	1	2	
C2.	...have you been diagnosed with cancer of the lower urinary tract (includes bladder cancer)?	1	2	
C3.	...have you had pelvic radiation therapy for any reason?	1	2	
C4.	...have you received chemotherapy for any reason?	1	2	
C5.	...have you been diagnosed with urethral diverticulum (pocket or outpouching in the urethra)?	1	2	
C6.	...have you had augmentation cystoplasty (surgical expansion of the bladder) or an artificial urethral sphincter?	1	2	
C7.	...have you had nerve stimulators implanted for urinary symptoms?	1	2	
C8.	...have you been diagnosed with Parkinson’s Disease?	1	2	
C9.	...have you been diagnosed with Multiple Sclerosis?	1	2	
C10.	...have you been diagnosed with spina bifida?	1	2	
C11.	...have you had a spinal cord injury or trauma?	1	2	
C12.	...have you been evaluated or treated for chronic pelvic pain (painful bladder syndrome)?	1	2	