



Section A: General Study Information for Office Use Only:

A1. Study ID#: <input type="text" value="Label"/>	A2. Visit # F/U 12 Months..... TF12 F/U 24 Months..... TF24
A3. Date Form Completed: ____ / ____ / ____ MONTH DAY YEAR	A4. Initials of the Person Completing This Form: ____
A5. 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†
ASK, “Since your TOMUS surgery...”				
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	