

Section A: General Study Information for Office Use Only:

A1. Study ID#: A2. Date Form Completed: ____/____/____
Month Day Year

A3. Initials of Person Completing this Form: ____ A4. Patient's Last Study Visit: ____

SECTION B: FINAL STUDY STATUS

- B1. What was the patient's final study status?
- Completed study 1 →Skip to B5
 - Lost to follow-up 2 →Skip to B2
 - Withdrew consent 3 →Skip to B3
 - Administrative decision..... 4 →Skip to B1a
 - Death 5 → Skip to B5 & Complete Death Form
 - Other 6 ↓

B1a. Specify **administrative decision** or **other**: _____ →Skip to B4

B2. For patient **lost to follow-up**, date last study data collected: _____
Month Day Year

B2a. Document follow-up efforts below:

- i. _____
- ii. _____
- iii. _____

→Skip to B5

B3. For patient who **withdrew consent**, date consent withdrawn: _____
Month Day Year

B3a. Date last study data collected: _____ →Skip to B5
Month Day Year

B4. For **administrative decision** or **other**, date last study data collected: _____ →Skip to B5
Month Day Year

B5. Additional Comments: _____

→If A4=TBAS or B1=1, skip to Section C

B6. For randomized patients, did the patient receive any new or continuing treatment for **voiding dysfunction, vaginal prolapse, urge incontinence** or **stress incontinence** since the last study visit for which data was collected?

- YES 1 →COMPLETE F381
- NO..... 2

SECTION C: PRINCIPAL INVESTIGATOR'S SIGNATURE

I have reviewed and agree with the above-stated information.

Principal Investigator's Signature: _____ Date: ____/____/____
Month Day Year