

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

A1. Study ID#: LABEL

A3. Date Form Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

A5. Is this Treatment Failure associated with a study visit?  
 YES ..... 1 NO ..... 2 → **SKIP TO A7**

A7. Is this Treatment Failure occurring prior to the 6 Month visit?  
 YES ..... 1 NO ..... 2 → **GO TO B1**

A2. Visit: FAILURE ..... FAIL

A4. Initials of Person Completing this Form: \_\_\_\_

A6. With which visit is this failure associated?  
 F/U 2 WEEKS ..... TF2W F/U 12 MONTHS ..... TF12  
 F/U 6 WEEKS ..... TF6W F/U 24 MONTHS ..... TF24  
 F/U 6 MONTHS ..... TF06 → **GO TO B1**

**SECTION B: TREATMENT FAILURE**

Document any "first" failures by type below. Circle yes or no for each answer:

	YES	NO
B1. Positive Stress Test.....	1 ↓	2
B1a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B2. Self-reported stress-type UI symptoms [MESA].....	1 ↓	2
B2a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B3. Positive Pad Test.....	1 ↓	2
B3a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B4. Self-reported leakage by the 3-day Voiding Diary.....	1 ↓	2
B4a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B5. Surgical retreatment for SUI.....	1 ↓	2
B5a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B6. Pharmacologic treatment for SUI.....	1 ↓	2
B6a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B7. Behavioral treatment for SUI.....	1 ↓	2
B7a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B8. Device treatment for SUI.....	1 ↓	2
B8a. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		
B9. Other treatment for SUI.....	1 ↓	2
B9a. Specify: _____ ↓		
B9b. Date of Failure: ____ / ____ / ____ <small>Month Day Year</small>		

*I have reviewed the above-stated information and am confirming its accuracy with my signature below.*

Principal Investigator's Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year