F394: Failure, version 03/27/06 (A)_rev12/11/06

UITN
TOMUS

Section A: General Study Information for Office Use Only:

A1. Study ID#: LABEL

A2. Visit: FAILURE ..... FAIL

A3. Date Form Completed: ____ ____ / ____ ____ / ____ ____ ____ ____
Month Day Year

A4. Initials of Person Completing this Form: ____ ____ ____

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

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**

A7. Is this Treatment Failure occurring prior to the 6 Month visit?
YES .....1 NO .....2➔**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: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B2. Self-reported stress-type UI symptoms [MESA]	1↓	2
B2a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B3. Positive Pad Test	1↓	2
B3a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B4. Self-reported leakage by the 3-day Voiding Diary	1↓	2
B4a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B5. Surgical retreatment for SUI	1↓	2
B5a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B6. Pharmacologic treatment for SUI	1↓	2
B6a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B7. Behavioral treatment for SUI	1↓	2
B7a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B8. Device treatment for SUI	1↓	2
B8a. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		
B9. Other treatment for SUI	1↓	2
B9a. Specify: _____ ↓		
B9b. Date of Failure: ___ ___ / ___ ___ / ___ ___ ___ ___ (Month Day Year)		

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