

F502: Baseline Medical History, version 09/08/08 (A)_rev 02/09/09

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID #: **A2.** Visit #: Baseline VBAS

A3. Date Form Completed: ____ / ____ / ____ **A4.** Study Staff Initials: ____

Month Day Year

A5. Is this a repeat abstraction due to expired measures? Yes 1 No 2

REPEAT_MEAS	Frequency	Percent	Cum Freq	Cum Percent
2:No	630	100.00	630	100.00

SECTION B: HISTORY

B1. What is the patient's menopausal status? Pre-Menopausal 1 → **SKIP TO C1**

Post-Menopausal 2

Peri-Menopausal 3

MENOPAUSE	Frequency	Percent	Cum Freq	Cum Percent
.	2	.	.	.
1: Pre-Menopausal	256	40.76	256	40.76
2: Post-Menopausal	281	44.75	537	85.51
3: Peri-Menopausal	91	14.49	628	100.00

Frequency Missing = 2

B2. Is the patient on hormone replacement therapy? Yes 1 No 2 → **SKIP TO C1**

HRT_STATUS	Frequency	Percent	Cum Freq	Cum Percent
.	256	.	.	.
1:Yes	116	31.02	116	31.02
2:No	258	68.98	374	100.00

Frequency Missing = 256

menohrt	Frequency	Percent	Cum Freq	Cum Percent
.	2	.	.	.
Pre-menopausal	256	40.76	256	40.76
HRT Use	116	18.47	372	59.24
No HRT Use	256	40.76	628	100.00

Frequency Missing = 2

B2a. Is the patient taking estrogen? Yes..... 1 No..... 2

est_oral_new	Frequency	Percent	Cum Freq	Cum Percent
1: Yes	113	17.94	113	17.94
2: No	517	82.06	630	100.00

B2b. Is the patient taking progesterone? Yes..... 1 No..... 2

EST_PATCH	Frequency	Percent	Cum Freq	Cum Percent
.	514	.	.	.
1:Yes	35	30.17	35	30.17
2:No	81	69.83	116	100.00

Frequency Missing = 514

SECTION C: HISTORY OF PELVIC SURGERY AND NON-SURGICAL TREATMENT FOR UI

C1. Any pelvic surgeries (including cesarean delivery)? Yes..... 1 No..... 2 → SKIP TO C2

PEL_SURG	Frequency	Percent	Cum Freq	Cum Percent
1:Yes	441	70.00	441	70.00
2:No	189	30.00	630	100.00

Record names, codes, and dates of any pelvic surgeries (including cesarean delivery).

	a. Type of Pelvic Surgery	b. Surg. Code	c. Specify, if Code 7	d. Date of Surgery
1.				___ / ___ / _____
2.				___ / ___ / _____
3.				___ / ___ / _____
4.				___ / ___ / _____
5.				___ / ___ / _____

REMINDER: INELIGIBLE IF ANY PELVIC SURGERY WITHIN THE LAST 3 MONTHS

C2. Any non-surgical treatment for urinary incontinence? Yes..... 1 No..... 2 ➔ **SKIP TO D1**

inelig	Frequency	Percent	Cum Freq	Cum Percent
0:No	630	100.00	630	100.00

NONSURG_TX	Frequency	Percent	Cum Freq	Cum Percent
1:Yes	386	61.27	386	61.27
2:No	244	38.73	630	100.00

Record names, codes, and dates of all non-surgical treatments for UI.

	a. Type of Treatment	b. Treatment Code	c. Dates of Treatment
1.			From: ___ / ___ / _____ To: ___ / ___ / _____
2.			From: ___ / ___ / _____ To: ___ / ___ / _____
3.			From: ___ / ___ / _____ To: ___ / ___ / _____
4.			FROM: ___ / ___ / _____ TO: ___ / ___ / _____
5.			From: ___ / ___ / _____ To: ___ / ___ / _____

NONS_TX_CODE_0	Frequency	Percent	Cum Freq	Cum Percent
.	244	.	.	.
40	101	26.17	101	26.17
41	14	3.63	115	29.79
42	230	59.59	345	89.38
43	2	0.52	347	89.90
45	5	1.30	352	91.19
59	34	8.81	386	100.00

Frequency Missing = 244

NONS_TX_CODE_1	Frequency	Percent	Cum Freq	Cum Percent
.	466	.	.	.
40	52	31.71	52	31.71
41	22	13.41	74	45.12
42	59	35.98	133	81.10
43	2	1.22	135	82.32
44	1	0.61	136	82.93
45	6	3.66	142	86.59
59	22	13.41	164	100.00

Frequency Missing = 466

NONS_TX_CODE_2	Frequency	Percent	Cum Freq	Cum Percent
.	578	.	.	.
40	16	30.77	16	30.77
41	11	21.15	27	51.92
42	11	21.15	38	73.08
43	1	1.92	39	75.00
45	6	11.54	45	86.54
59	7	13.46	52	100.00

Frequency Missing = 578

NONS_TX_CODE_3	Frequency	Percent	Cum Freq	Cum Percent
.	610	.	.	.
40	6	30.00	6	30.00
41	3	15.00	9	45.00
42	3	15.00	12	60.00
43	1	5.00	13	65.00
45	2	10.00	15	75.00
46	1	5.00	16	80.00
59	4	20.00	20	100.00

Frequency Missing = 610

NONS_TX_CODE_4	Frequency	Percent	Cum Freq	Cum Percent
.	625	.	.	.
40	3	60.00	3	60.00
43	1	20.00	4	80.00
59	1	20.00	5	100.00

Frequency Missing = 625

NONS_TX_CODE_5	Frequency	Percent	Cum Freq	Cum Percent
.	628	.	.	.
43	1	50.00	1	50.00
59	1	50.00	2	100.00

Frequency Missing = 628

NONS_TX_CODE_6	Frequency	Percent	Cum Freq	Cum Percent
.	629	.	.	.
59	1	100.00	1	100.00

Frequency Missing = 629

SECTION D: ONSET OF URINARY INCONTINENCE SYMPTOMS

D1. Approximately when did the patient's incontinence symptoms begin? _____ / _____ Year
Month

REMINDER: INELIGIBLE IF D1 < 3 MONTHS

Analysis Variable : rando_dt_leak_start								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
630	0	2974.1	2707.2	108.0	1066.0	2092.0	3823.0	21931

Attachment

PELVIC SURGERY CODES	
02	Anterior repair
03	Cesarean delivery
05	Hysterectomy
07	Laparoscopy
08	Posterior repair
09	Removal of an ectopic pregnancy
10	Removal of an ovarian cyst
11	Removal of both ovaries
12	Removal of one ovary
13	Supracervical hysterectomy
14	Tubal ligation
15	D and C (dilatation and curettage)
16	Colpopexy (abdominal)
17	Colpopexy (vaginal)
18	UNKNOWN TYPE
19	OTHER

NON-SURGICAL UI TREATMENT CODES	
40	Medicine (specify name of drug, e.g. "Medicine: Detrol")
41	Bladder training (including behavior changes involving the timing of urination or changes in fluid intake)
42	Pelvic muscle exercises (Kegel exercises)
43	Electrical stimulation
44	Electromagnetic therapy
45	Biofeedback
46	Acupuncture or other alternative medicine techniques
58	UNKNOWN TYPE
59	OTHER