

F504: Baseline Physical Exam, version 09/08/08 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

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

A3. Date Form Completed: ___/___/___
Month Day Year A4. Study Staff Initials: _____

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

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

SECTION B: ANTHROPOMETRIC MEASURES

B1. Height: _____ inches B2. Weight: _____ lbs

height_new	Frequency	Percent	Cum Freq	Cum Percent
	16	.	.	.
60	30	4.89	30	4.89
61	31	5.05	61	9.93
62	63	10.26	124	20.20
63	80	13.03	204	33.22
64	90	14.66	294	47.88
65	82	13.36	376	61.24
66	80	13.03	456	74.27
67	55	8.96	511	83.22
68	41	6.68	552	89.90
69	28	4.56	580	94.46
<=59	17	2.77	597	97.23
>=70	17	2.77	614	100.00

Frequency Missing = 16

Analysis Variable : WEIGHT								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
624	6	172.9	37.7	102.0	143.0	167.0	194.0	303.0

B3. Date of Measures: _____ / _____ / _____
 Month Day Year

Analysis Variable : rando_dt_HW_DATE								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
628	2	32.9	44.3	0.0	7.0	21.0	42.0	375.0

bmi_30	Frequency	Percent	Cum Freq	Cum Percent
.	17	.	.	.
1:Yes	247	40.29	247	40.29
2:No	366	59.71	613	100.00

Frequency Missing = 17

Analysis Variable : bmi								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
613	17	29.2	6.1	16.8	24.8	28.3	33.3	51.7

SECTION C: PROLAPSE ASSESSMENT

C1. Anterior or apical prolapse $\geq +1$ cm on standing straining exam? Yes 1 **INELIGIBLE** No..... 2

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

C2. Date Prolapse Assessment Completed: _____ / _____ / _____
 Month Day Year

Analysis Variable : rando_dt_PROLAPSE_D								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
630	0	29.3	42.2	-26.0	3.0	16.0	36.0	339.0

SECTION D: STRESS TEST

D1. Date of Stress Test Confirming Eligibility: _____ / _____ / _____
 Month Day Year

Analysis Variable : rando_dt_STRESS_DATE								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
630	0	26.8	39.9	0.0	1.0	14.0	35.0	339.0

D2. Volume at which leakage was observed: _____ mL

Analysis Variable : STRESS_VOLUM								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
623	7	203.1	161.7	0.0	68.0	200.0	300.0	990.0

SECTION E: PVR ASSESSMENT

E1. PVR value that confirmed eligibility: _____ mL

REMINDER: INELIGIBLE IF ≥ 150 mL

Analysis Variable : PVR								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
630	0	25.0	28.2	0.0	5.0	15.0	34.0	142.0

E2. Assessed by which method? Catheterization 1 Bladder Scan..... 2 Calculated 3

PVR_METHOD	Frequency	Percent	Cum Freq	Cum Percent
1: Catheterization	401	63.65	401	63.65
2: Bladder Scan	201	31.90	602	95.56
3: Calculated	28	4.44	630	100.00

E3. Date PVR Assessed: _____ / _____ / _____
Month Day Year

Analysis Variable : rando_dt PVR_DATE								
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
630	0	32.1	41.8	0.0	7.0	21.0	41.0	315.0

SECTION F: URETHRAL MOBILITY

F1. Evidence of urethral mobility? Yes 1 No 2

URETHRAL_MOB	Frequency	Percent	Cum Freq	Cum Percent
.	1	.	.	.
1:Yes	572	90.94	572	90.94
2:No	57	9.06	629	100.00

Frequency Missing = 1

F2. Assessed by which method? Q-tip Test..... 1 Point Aa on POP-Q exam..... 4
 Visualization.... 2 Lateral Cystogram..... 5
 Palpation 3

UMOB_METHOD	Frequency	Percent	Cum Freq	Cum Percent
.	1	.	.	.
1: Q-tip Test	221	35.14	221	35.14
2: Visualization	305	48.49	526	83.62
3: Palpation	36	5.72	562	89.35
4: Point Aa on POP-Q exam	61	9.70	623	99.05
5: Lateral cystogram	6	0.95	629	100.00

Frequency Missing = 1

F3. Date Mobility Assessed: _____ / _____ / _____
 Month Day Year

Analysis Variable : rando_dt MOBILITY_D									
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum	
629	1	34.0	46.5	0.0	7.0	21.0	43.0	339.0	