

F533: Follow-up Medication Audit 08/11/08 (A)



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#:

LABEL

A2. Visit #: F/U 3 Month Post-Treatment..... V03M

F/U 12 Month Post-Randomization..... V12M

A3. Date Form Completed:

____ / ____ / ____
Month Day Year

A4. Study Staff Initials: _____

VISIT	Frequency	Percent	Cum Freq	Cum Percent
V03M	584	51.87	584	51.87
V12M	542	48.13	1126	100.00

SECTION B: MEDICATION AUDIT

B1. Since the last completed medication audit, has the patient taken any medication for incontinence?

YES..... 1

NO..... 2 → **SKIP TO B2**

DIS_INC	Frequency	Percent	Cum Freq	Cum Percent
1: Yes	40	3.55	40	3.55
2: No	1086	96.45	1126	100.00

*** BEGIN REPEATING SEGMENT ***			c.	d.	e.	f.
	ADDITION OR DISCONTINUATION?	MED ID NUMBER	MEDICATION NAME (PRINT NAME PRECISELY)	FREQUENCY	START DATE	STOP DATE
1.				REGULARLY..... 1 PRN..... 2 RX'D/ NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR
2.				REGULARLY..... 1 PRN..... 2 RX'D/ NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR

B2. Is the patient currently taking any other medications with anticholinergic properties?

YES..... 1
NO 2 → **SKIP TO B3**

ADD_INC	Frequency	Percent	Cum Freq	Cum Percent
.	36	.	.	.
1: Yes	35	5.89	35	5.89
2: No	559	94.11	594	100.00

Frequency Missing = 36

*** BEGIN REPEATING SEGMENT ***

	a. ADDITION OR DISCONTINUATION?	b. MED ID NUMBER	c. MEDICATION NAME (PRINT NAME PRECISELY)	d. FREQUENCY	e. START DATE	f. STOP DATE
1.				REGULARLY..... 1 PRN..... 2 RX'D/ NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR
2.				REGULARLY..... 1 PRN..... 2 RX'D NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR

B3. Is the patient currently taking any diuretics or combination anti-hypertensives that include a diuretic?

YES..... 1

NO..... 2 → END OF FORM

DIS_ACH	Frequency	Percent	Cum Freq	Cum Percent
1: Yes	8	0.71	8	0.71
2: No	1118	99.29	1126	100.00

*** BEGIN REPEATING SEGMENT ***

	a. ADDITION OR DISCONTINUATION?	b. MED ID NUMBER	c. MEDICATION NAME (PRINT NAME PRECISELY)	d. FREQUENCY	e. START DATE	f. STOP DATE
1.				REGULARLY..... 1 PRN..... 2 RX'D/ NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR
2.				REGULARLY..... 1 PRN..... 2 RX'D/ NOT USED..... 3	___ / ___ / ___ MONTH DAY YEAR	___ / ___ / ___ MONTH DAY YEAR