

**SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY**

A1. Study ID #:

LABEL

A2. Visit #: Baseline..... VBAS

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

A4. Study Staff Initials: \_\_\_\_\_

A5. Is this a repeat abstraction due to expired measures?

Yes..... 1 No..... 2

**SECTION B: HISTORY**

B1. What is the patient's menopausal status?

- Pre-Menopausal ..... 1 → **SKIP TO C1**
- Post-Menopausal..... 2
- Peri-Menopausal ..... 3

B2. Is the patient on hormone replacement therapy?

Yes..... 1 No..... 2 → **SKIP TO C1**

B2a. Is the patient taking estrogen?

Yes..... 1 No..... 2

B2b. Is the patient taking progesterone?

Yes..... 1 No..... 2

**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**

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

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: ___ / ___ / _____

**SECTION D: ONSET OF URINARY INCONTINENCE SYMPTOMS**

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

**REMINDER: INELIGIBLE IF D1 < 3 MONTHS**

## Attachment

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

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