

F514: Baseline Surgeon Diagnosis and Treatment, version 09/29/08 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

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

A3. Date Form Completed: ____/____/____ A4. Initials of Certified Surgeon Investigator: ____

Month Day Year

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

SECTION B: CLINICAL DIAGNOSIS

	Based on your clinical evaluation, circle “Yes” or “No” for whether you think the patient has this clinical diagnosis.		For every “Yes” or “No” response, please rate how confident (sure) you are about the presence or absence of this clinical diagnosis.				
	Yes	No	Not Very Confident (< 50%)	Somewhat Confident (50-74%)	Moderately Confident (75-84%)	Very Confident (85-94%)	Extremely Confident (≥ 95%)
B1. Stress urinary incontinence	1	2	1	2	3	4	5
B2. OAB with incontinence (or OAB-wet, Urge Incontinence)	1	2	1	2	3	4	5
B3. OAB without incontinence (or OAB-dry, Urgency/Frequency syndrome)	1	2	1	2	3	4	5
B4. Voiding phase dysfunction (Emptying Problems)	1	2	1	2	3	4	5
B5. Suspected intrinsic sphincter deficiency (ISD)	1	2	1	2	3	4	5

SECTION C: TREATMENT PLAN

- C1. Which SUI surgery is planned for this patient?
- Midurethral Sling..... 1 ➔ SKIP TO C1b
 - Traditional Sling..... 2 ➔ SKIP TO C1c
 - Retropubic Urethropexy 3 ➔ SKIP TO C2
 - Urethral Bulking Injection..... 4 ➔ SKIP TO C1d
 - Other Surgical Procedure..... 5 ↓
- C1a. If Other, specify: _____ ➔ SKIP TO C2

- C1b. What kind of midurethral sling?
 - Retropubic 1
 - Transobturator 2
 - Minisling 3
- C1c. What kind of traditional sling?
 - Autologous 1
 - Allogenic 2
 - Xenograft 3
 - Synthetic 4
- C1d. What kind of urethral bulking injection?
 - Collagen 1
 - Non-collagen material 2

SKIP TO C2

C1di. Specify non-collagen material: _____

- C2. Any planned modifications to your conventional performance of this surgery?
- Yes 1
 - No 2 → **SKIP TO C3**

Specify planned modifications. Circle “Yes” or “No” for each.

	Yes	No
C2a. More Obstructive	1	2
C2b. Less Obstructive	1	2
C2c. Other:	1 ↓	2 → SKIP TO C3

C2ci. If Other, Specify: _____

- C3. Is any other additional therapy included in the treatment plan for this patient?
- Yes 1
 - No 2 → **SKIP TO C4**

Specify additional therapy. Circle “Yes” or “No” for each.

	Yes	No
C3a. PF Rehab	1	2
C3b. Pharmacotherapy	1	2
C3c. Other	1 ↓	2 → SKIP TO C4

C3ci. If Other, Specify: _____

C4. Overall, how confident are you that you have made the best treatment plan for this subject? Please circle one.
NOTE: This question is not about the efficacy of the treatment itself.

Not Very Confident ($< 50\%$)	Somewhat Confident ($50-74\%$)	Moderately Confident ($75-84\%$)	Very Confident ($85-94\%$)	Extremely Confident ($\geq 95\%$)
1	2	3	4	5

C5. To what degree did the patient participate in the decision about the planned SUI surgery? Please circle one.

Minimally Involved	Somewhat Involved	Moderately Involved	Very Involved	Extremely Involved
1	2	3	4	5

C6. What do you expect to be the most likely method of bladder emptying at discharge?

- Spontaneous voiding1
 Any catheter-assisted bladder drainage2

SECTION D: COUNSELING AND POTENTIAL COMPLICATIONS

Circle “Yes” or “No” for the potential complications listed below that were discussed with this patient. For any “Yes” responses, indicate the level of risk for this complication for this patient compared to the average or typical patient undergoing this SUI procedure. When interpreting the term “typical,” please consider the “typical” patient to be a typical patient in your practice who would meet eligibility for this study.

D1. Risk of urgency, frequency Yes1 No 2 → **SKIP TO D2**

D1a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3 4	5 6 7 8	9 10

D2. Risk of urge UI Yes1 No 2 → **SKIP TO D3**

D2a. Specify Type of Urge UI: Persistent1 De Novo 2

D2b. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3 4	5 6 7 8	9 10

D3. Risk of urinary retention from anti-incontinence surgery

Yes1 No 2 → **SKIP TO D4**

D3a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3 4	5 6 7 8	9 10

D4. Risk of failure to treat SUI Yes1 No 2 → **SKIP TO SECTION E**

D4a. Risk for this patient:

Low Risk	Typical	High Risk
1 2 3 4	5 6 7 8	9 10

SECTION E: SURGEON'S SIGNATURE

Surgeon’s Signature: _____ Date: ___ / ___ / ___
Month Day Year