



FORM 5: JUDGE INITIAL RATING

Participant ID: _____ - _____

Judge ID: _____

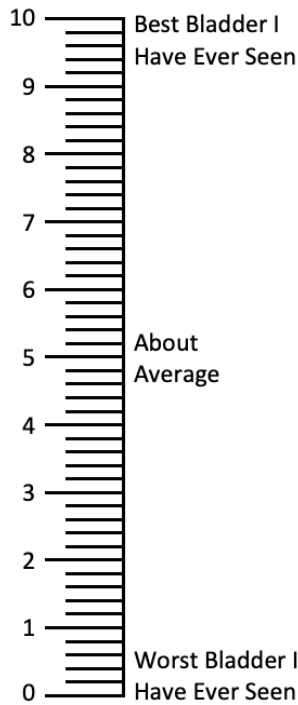
Date: ____ / ____ / ____
MM DD YYYY

Rating Based on Interview

Time you spent in interview: START TIME: _____ (24-hour clock) END TIME: _____ (24-hour clock)

Absolute Rating

1. How would you rate the health of this person's bladder? Please enter a rating from 0 – 10 in the textbox below.



Initial Rating:
____ . ____

2. What are the three primary reasons for this rating?

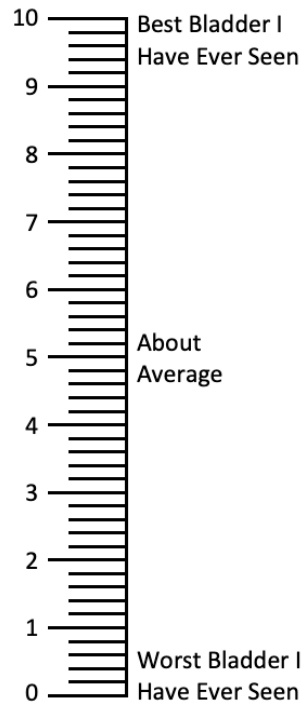
I: _____

II: _____

III: _____

Adjusted/Relative Rating

1. Compared to other similarly situated women (e.g. age, health status, etc.), how would you rate the health of this person's bladder? Please enter a rating from 0 – 10 in the textbox below.



Adjusted Rating:
____ . ____

2. What are the three primary reasons for this rating?

I: _____

II: _____

III: _____

