



FORM 6: JUDGE SECOND RATING

Participant ID: _____ - _____

Judge ID: _____

Date: ____ / ____ / ____
MM DD YYYY

Rating Based on Interview & Additional Data

Did you access this participant's medical records?

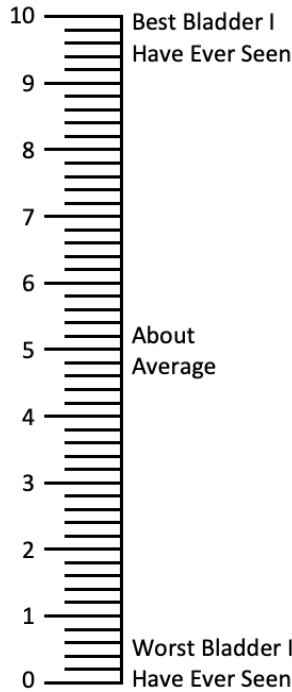
- Yes No → Was this because you didn't want to or because you didn't have access to the medical records?
- Didn't want to access medical records Didn't have access to medical records

I need additional information to complete this form → Please complete form when information becomes available.

For RCs: Follow up with judge in 30 days. If judge can't make second assessment because of insufficient information, check here:

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?

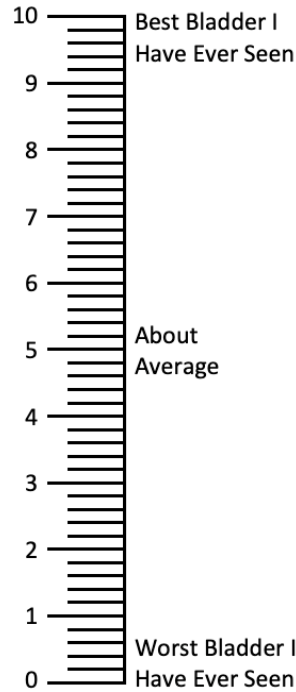
I: _____

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: _____

