

ISRCTN71327395
HTA 09/22/136



Initial assessment

Screening number	<input type="text"/>	<input type="text"/>
	Site Code	ID number

Randomisation Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area No	Site No	Participant I.D.	Participant initials

Visit Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year

DEMOGRAPHICS

Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Day	Month	Year
Race	<input type="text"/>	(Please select one code only)	
	1 = Caucasian		
	2 = Black		
	3 = Asian		
	88 = Other, please specify	<input type="text"/>	

INITIAL ASSESSMENT

INCLUSION CRITERIA	
Clinical diagnosis of SUI or stress predominant MUI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Woman stated that family is complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed course of pelvic floor muscle training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Woman and clinician agreed surgery is appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
EXCLUSION CRITERIA	
Symptomatic utero-vaginal prolapsed requiring treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous surgery for SUI or pelvic organ prolapse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neurological disease causing urinary incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Urodynamics in the last three years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking part in a competing research study	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unable to give competent informed consent	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completed by:	<input type="text"/>	Initial assessment
Name:	Signature:	Version 1.0, 26-04-11
Date	<input type="text"/>	
	Day	Month
		Year

<input type="text"/> Area No	<input type="text"/> Site No	<input type="text"/> Participant I.D.	<input type="text"/> Participant initials
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INFORMED CONSENT

Written informed consent signed on	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
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Address form completed and faxed back to NCTU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NB. Please complete address form for all women agreeing to take part. In addition, for those women who have declined to take part in the study, but agree that they may be contacted and invited to be interviewed about their reasons for not wanting to participate, complete the address form and fax back to NCTU.

Completed by:		Initial assessment
Name:	Signature:	Version 1.0, 26-04-11
Date	<input type="text"/> Day	<input type="text"/> Month
	<input type="text"/> Year	