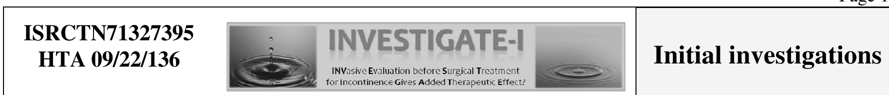
ISRCTN71327395
HTA 09/22/136



Initial investigations

Area No	Site No	Participant I.D.	Participant initials

Visit Date: Day / Month / Year

HISTORY

Pelvic surgery ☐ **Yes** ☐ **No**

Specify:

Abdominal surgery ☐ **Yes** ☐ **No**

Specify:

Other past/current medical conditions. . If there are none, enter "NONE" in the first row

	Description	Start Date (Day/Month/Year)	Ongoing? **0** = No **1** = Yes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Completed by:

Name: Signature:

Date: Day / Month / Year

Area No	Site No	Participant I.D.	Participant initials

Other past/current medical conditions (continued)

	Description	Start Date (Day/Month/Year)	Ongoing? **0** = No **1** = Yes
12			
13			
14			
15			
16			

Note: If treatment is currently taken for any of the above conditions, this must be recorded on Medications and Therapies form.

PREVIOUS TREATMENTS FOR URINARY SYMPTOMS

Surgery (n.b. prior surgery for UI or POP is exclusion) Specify:	☐ **Yes** ☐ **No**
Pelvic Floor Muscle Training (n.b. prior PFMT is essential entry criterion)	☐ **Yes** ☐ **No**
Bladder retraining	☐ **Yes** ☐ **No**
Alternative behaviour modification Specify (e.g. habit retraining, acupuncture, hypnosis):	☐ **Yes** ☐ **No**
Antimuscarinic drugs Specify:	☐ **Yes** ☐ **No**
Other medication Specify:	☐ **Yes** ☐ **No**

Completed by:

Name:	Signature:	Initial investigations Version 1.0, 26-04-11
Date	Day / Month / Year	

Area No	Site No	Participant I.D.	Participant initials

PREVIOUS TREATMENTS FOR URINARY SYMPTOMS

Neuromodulation	☐ **Yes** ☐ **No**
Specify:	
TENS ☐ PTNS ☐ SNS ☐	

EXAMINATION

Height (cm)	☐☐☐ cm
Weight (kg)	☐☐☐ kg
Abdominal examination:	☐ **Yes** ☐ **No**
Significant findings	☐ **Yes** ☐ **No**
Specify:	
Vaginal examination:	
Uterovaginal prolapse (indicate grading system used)	☐ **Yes** ☐ **No**
Specify:	
Significant findings	☐ **Yes** ☐ **No**
Specify:	
Stress incontinence demonstrable	☐ **Yes** ☐ **No**
Neurological examination:	
Significant findings	☐ **Yes** ☐ **No**
Specify:	

NON-INVASIVE TESTS

Urine dipstick		☐ **Yes** ☐ **No**
If yes, indicate result:	☐ Positive for leucocytes/nitrites	☐ Negative

Completed by:

Name:	Signature:	Initial investigations Version 1.0, 26-04-11
Date	Day / Month / Year	

Area No	Site No	Participant I.D.	Participant initials

NON-INVASIVE TESTS

Mid-stream urine culture		☐ **Yes** ☐ **No**
If yes, indicate result:	☐ Positive growth	☐ Negative
F/V chart or bladder diary		☐ **Yes** ☐ **No**
Urine flow rate measurement		☐ **Yes** ☐ **No**
If yes, indicate result:	Maximum flow rate (ml/s)	
	Voided volume (ml)	
Post-void residual volume (ultrasound)		☐ **Yes** ☐ **No**
If yes, indicate result:	Volume (ml)	

Additional tests	☐ **Yes** ☐ **No**
Please list below	

Completed by:

Name:	Signature:	Initial investigations Version 1.0, 26-04-11
Date	Day / Month / Year	

Area No	Site No	Participant I.D.	Participant initials

If any of the above non-invasive tests are undertaken on more than one occasion, indicate here; also include any additional tests undertaken that do not involve catheterisation

Completed by:

Name:	Signature:	Initial investigations Version 1.0, 26-04-11
Date (Day / Month / Year)		