

ISRCTN71327395  
HTA 09/22/136



**Non-surgical  
treatments**

Area No	Site No	Participant I.D.	Participant initials
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Date of visit	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20%; text-align: center;">Day</td> <td style="width: 20%; text-align: center;">Month</td> <td style="width: 60%; text-align: center;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year		

### NON-SURGICAL TREATMENTS

Bladder retraining	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternative behaviour modification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	
Antimuscarinic drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	
Other medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	
Neuromodulation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	
	<input type="checkbox"/> TENS	<input type="checkbox"/> PTNS <input type="checkbox"/> SNS
Botulinum toxin injection to bladder	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	
	Formulation used:	
	Dose:	
Clean intermittent self catheterisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Queen Square stimulator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Specify:	

Completed by:

Name:	Signature:	Non-surgical treatments			
		Version 1.0, 27-05-11			
Date	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20%; text-align: center;">Day</td> <td style="width: 20%; text-align: center;">Month</td> <td style="width: 60%; text-align: center;">Year</td> </tr> </table>		Day	Month	Year
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