

Subject ID: _____

Staff Initials: _____

Visit Date

Day			Month			Year			

Prior OAB Therapy - This form is not to be keyed in the data management system, but may be used to assess eligibility.

TOLERATION OR CONTRAINDICATIONS

1. Subject unable to tolerate ACH medication due to side effects or has a contraindication. ☐ Y ☐ N

2. MEDICATION THERAPIES

**Has/Currently
Taking**

- | | |
|---|---|
| a. Oxybutynin (generic, Ditropan XL, Oxytrol, Oxybutynin patch)). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Detrol (tolterodine) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Vesicare (solifenacin) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Enablex (darifenacin). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Sanctura (trospium chloride). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| f. Toviaz (fesoterodine) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| g. Mirabegon | <input type="checkbox"/> Y <input type="checkbox"/> N |
| h. Other, specify (_____) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| i. Washout Start Date | |

Day			Month			Year			

3. CONSERVATIVE THERAPIES

**Has/Currently
Taking**

- | | |
|--|---|
| a. Pelvic muscle training (Kegel Exercise under supervision of health care provider). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Supervised behavioral therapy (Structured program under supervision of health care provider). | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Electrical stimulation -- Transvaginal | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Electrical stimulation -- Posterior Tibial Nerve Stimulation. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Biofeedback. | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Number of prior medication therapy trials | _____ |
| 5. Number of other "conservative trials (non-medication) | _____ |

To be eligible, there must be at least:
2 medication therapies (Q.4 ≥ 2) or unable to tolerate medication due to side effects or contraindications to ACH (Q.1 = "Yes")
AND
1 conservative therapy (Q.5 ≥ 1)

6. Subject meets requirements of inclusion criteria? ☐ Y ☐ N