IN THE FEDERAL COURT OF AUSTRALIA

Jodie Philipsen & Anor v Astora Women's Health, LLC (NSD35/2018)

Pelvic Mesh Class Action

OPT OUT AND

CLAIMANT REGISTRATION NOTICE

THIS IS AN IMPORTANT NOTICE ISSUED BY ORDER OF THE FEDERAL COURT OF AUSTRALIA

This notice contains important information concerning: (a) your right to opt out of this class action, including a deadline for you to exercise this right should you wish to do so; and (b) for those group members who do not wish to opt out of this class action, the process for registering your claim for compensation (you are not obliged to register, however, it is requested that you register to assist with mediation of the class action). This notice sets out three options for you to take in relation to the class action:

1. **Register your claim for compensation. In order to assist the Applicant to participate in a mediation of the class action effectively, registration is requested by 29 October 2021.**
2. **Complete an 'opt out' notice on or before 29 October 2021. By doing this you will lose any right to any compensation available in this class action, but you will not be prevented from starting your own proceeding to try and get compensation yourself (subject to applicable time limits).**
3. **Do nothing. You will not lose any rights by choosing this option, however, declining to register at this time may adversely impact the Applicant's ability to negotiate a settlement of this proceeding on behalf of the class at a mediation to commence later this year. If you do not register now and the class action is successful (by way of judgment or settlement), you will need to complete this registration process at a later date in order to claim compensation.**

A. WHY IS THIS NOTICE IMPORTANT?

1. In 2018 a class action was commenced in the Federal Court of Australia by Jodie Philipsen and Janice Seymour against American Medical Systems, LLC (**AMS, LLC**) in their own right and on behalf of Australian women alleging that certain pelvic mesh implants for the treatment of pelvic organ prolapse and stress urinary incontinence were defective and caused complications. In February 2021, Astora Women's Health, LLC (**Astora**) was substituted for AMS, LLC. This does not change any of the claims or affect any of your rights. The class action brought by Ms Philipsen and Ms Seymour is referred to in this notice as the **Astora Class Action**.

2. The Federal Court has ordered that this notice be published for the information of persons who might be members of the class on whose behalf the Astora Class Action is brought and may be affected by it. You should read this notice carefully. Any questions you have concerning the matters contained in this notice should not be directed to the Court. If there is anything in it that you do not understand, you should seek legal advice.

B. WHAT IS A CLASS ACTION?

3. A class action is a legal action that is brought by one or more persons (the **Applicant(s)**) on their own behalf and also on behalf of a class of people (**group members**), against one or more other persons (the **Respondent(s)**) where the Applicant(s) and the group members have similar claims against the Respondent(s). In this action the Applicants are Jodie Philipsen and Janice Seymour, and the Respondent is Astora.

4. Group members in a class action **are not** individually responsible for the legal costs associated with bringing the class action. In a class action, only the Applicant(s) are responsible for the costs.

5. The Applicant(s) do not need to name each group member, or obtain their consent to bring the action on their behalf. A person who fits the definition of a "group member" will be bound by the result of the class action as if they had started the proceeding themselves, unless they have opted out of the proceeding.

6. A binding result can happen in two ways, being from a *judgment* following a trial, or a *settlement* at any time that is approved by the Court. If there is a judgment or a settlement of a class action, group members *will not* be able pursue the same claims and *may not* be able to pursue similar or related claims against the Respondent(s) in other legal proceedings.

7. Group members should note that:

   (a) in a *judgment* following trial, the Court will decide various factual and legal issues in respect of the claims made by the Applicants and group members. Unless those decisions are successfully appealed they bind the Applicants, group members and the Respondents. Importantly, if there are other proceedings between a group member and the Respondents, it is likely that neither of them will be permitted to raise arguments in that proceeding which are inconsistent with a factual or legal issue decided in the class action.

   (b) in a *settlement* of a class action, where the settlement provides for compensation to group members it is likely to extinguish *all* rights to compensation which a group

member might have against the Respondents which arise in any way out of the events which are the subject-matter of the class action.

8. If you consider that you have claims against Astora which are based on your individual circumstances or otherwise additional to the claims described in this class action, then it is important that you seek independent legal advice about the potential binding effects of the class action **before** the deadline for opting out (see below).

C. WHAT IS THE ASTORA CLASS ACTION ABOUT?

9. The Astora Class Action was filed on 16 January 2018 in the New South Wales Registry of the Federal Court of Australia. The action was initially brought against AMS, LLC. In February 2021, Astora was substituted for AMS, LLC as the Respondent in the class action. The substitution was on the basis that AMS, LLC had been dissolved and was no longer an existing entity, and Astora had accepted it is liable for such liabilities as AMS, LLC had in relation to the implants the subject of this proceeding (if any). The substitution has no effect on the claims made by the Applicants, and does not have any effect on the rights of group members.

10. The Applicants claim that certain pelvic mesh implants intended to treat women experiencing pelvic organ prolapse or stress urinary incontinence (**Pelvic Mesh Implants**) were defective and not of a merchantable or acceptable quality under the *Trade Practices Act 1974* (Cth) and the *Competition and Consumer Act 2010* (Cth). The Applicants also allege that AMS, LLC was negligent in the design, manufacture and supply of the Pelvic Mesh Implants, including by failing to give warnings about the risks associated with the Pelvic Mesh Implants and inadequately evaluating the safety of the Pelvic Mesh Implants.

11. This class action has been commenced by the Applicants, each of whom was implanted with a Pelvic Mesh Implant that is alleged to have been designed, manufactured, supplied or distributed by AMS, LLC.

12. Astora has denied liability and is defending the Astora Class Action.

13. Please note that this notice does not relate to the class actions concerning the Ethicon/Johnson & Johnson implants, the Boston Scientific implants, the TFS implants or the IVS implants.

14. The detailed allegations are set out in the Applicants' Third Further Amended Statement of Claim filed on 15 April 2021, a copy of which is available on Shine Lawyers' website

(https://www.shine.com.au/service/class-actions/american-medical-systems-mesh-class-action).

D. ARE YOU A GROUP MEMBER IN THE ASTORA CLASS ACTION?

15. You are a group member in the Astora Class Action if, at 31 July 2018, you:

    (a) had surgery in Australia to implant one of the following Pelvic Mesh Implants:

        (i) Perigee Transobturator Anterior Prolapse Repair System with:

            1. IntePro™; or,
            2. IntePro™ Lite;

        (ii) Apogee Vaginal Vault and Posterior Prolapse Repair System with:

            1. IntePro™; or,
            2. IntePro™ Lite;

        (iii) Elevate Anterior and Apical Prolapse Repair System;

        (iv) Elevate Apical and Posterior Prolapse Repair System;

        (v) SPARC Sling System;

        (vi) MONARC Subfascial Hammock System;

        (vii) MiniArc Single-Incision Sling System;

        (viii) MiniArc Precise Single-Incision Sling System;

        (ix) MiniArc Pro Single-Incision Sling System;

        (x) RetroArc Retropubic Sling System; and

    (b) had suffered from one or more of the Implant Complications and/or Implant Removal Complications referred to in paragraphs 9 and 10 of the Third Further Amended Statement of Claim. A copy of the Third Further Amended Statement of Claim is accessible via Shine Lawyers' website (https://www.shine.com.au/service/class-actions/american-medical-systems-mesh-class-action).

16. If you are unsure whether you are a group member in the Astora Class Action then you should visit Shine Lawyers' website (https://www.shine.com.au/service/class-actions/american-medical-systems-mesh-class-action) or telephone 1800 884 139 for further information.

E. WHAT DOES IT MEAN TO 'OPT OUT'?

17. The Applicants in a class action do not need to seek the consent of group members to commence a class action on their behalf or to identify a specific group member. However, group members can cease to be group members by opting out of the class action.

18. Opting out of the Astora Class Action will have certain consequences which include that:

(a) you will preserve any rights that you may have to bring your own separate legal proceedings against the Respondent for the same or similar claims in relation to one or more of the Pelvic Mesh Implants that are the subject of the Astora Class Action;

(b) you will not be permitted to share in any proposed settlement of or judgment in the Astora Class Action; and

(c) you will lose the rights that you have as a group member. If you do not understand your rights as a group member, you should seek legal advice.

19. An explanation of how group members are able to opt out is found below in the section headed "*How can you opt out of the class action?*".

F. WILL YOU BE LIABLE FOR LEGAL COSTS IF YOU REMAIN A GROUP MEMBER?

20. You will **not become liable for any legal costs** simply by remaining a group member for the determination of the common questions. However:

(a) if the preparation or finalisation of your personal claim requires work to be done in relation to issues that are specific to your claim, you can engage Shine Lawyers, or other lawyers, to do that work for you. A copy of the terms on which Shine Lawyers are acting in the Astora Class Action may be obtained from them on the number shown below;

(b) if any money compensation becomes payable to you as a result of any order, judgment or settlement in the Astora Class Action, the Court may make an order that some of that compensation be used to pay a share of the costs which have been incurred by the Applicants in running the Astora Class Action which are not able to be recovered from the Respondent; and

(c) class actions are often settled out of court. If this occurs in the Astora Class Action, you may be able to claim from the settlement amount without retaining a lawyer.

21. If the Astora Class Action is unsuccessful, group members will have no liability to pay any legal costs.

G. WHAT WILL HAPPEN IF YOU CHOOSE TO REMAIN A GROUP MEMBER?

22. Unless you opt out, you will be bound by any settlement or judgment of the Astora Class Action.

23. If you do not opt out, you will retain the rights you have as a group member.

24. If the Astora Class Action is successful and you are a group member in that proceeding, you will be entitled to share in the benefit of any order, judgment or settlement in favour of the Applicants and group members, although you may have to satisfy certain conditions before your entitlement arises.

25. If the Astora Class Action is unsuccessful or is not as successful as you might have wished, you will not be able pursue the same claims and may not be able to pursue related claims against the Respondent.

H. WHAT GROUP MEMBERS NEED TO DO

26. You should read this notice carefully. If there is anything in it that you do not understand, you should seek legal advice.

(a) *How can you remain a group member?*

27. **If you wish to remain** a group member there is **nothing you need to do** at the present time. The Applicants will continue to bring the proceedings on your behalf up to the point where the Court determines those questions that are common to the claims of the Applicants and the group members. However, you are invited to contact the Applicants' lawyers, (ie Shine Lawyers) on the number below and register as a group member so that future notices about the class action can be sent to your preferred address and information can be collected which may assist the Court and the parties to understand the amount of compensation, if any, that you may be entitled to receive in the Astora Class Action.

28. If you wish to register, you can do so by completing the Claimant Registration Form annexed to this notice. There is no requirement that you register in order to remain a group member.

(b) *How can you opt out of the class action?*

29. **If you do not wish to remain** a group member in the Astora Class Action you must opt out of the proceeding. If you opt out you will not be bound by or entitled to share in the benefit of any order, judgment or settlement in the Astora Class Action, but you will be at liberty to bring your own claim against the Respondent, provided that you issue Court proceedings within the time limit applicable to your claim. If you wish to bring your own claim against the Respondent, you should seek your own legal advice about your claim and the applicable time limit **prior** to opting out.

30. **If you wish to opt out** of the Astora Class Action you **must** do so by completing an "**opt out notice**" in the form annexed to this notice. You must then return the complete opt out notice to the Registrar of the Federal Court of Australia at the postal address on the form,

or electronically via email to pelvicmesh@fedcourt.gov.au (please include in the subject line of the email the words: "*Opt Out Notice NSD35/2018")*. You can complete the form electronically by visiting Shine Lawyers' website (https://www.shine.com.au/service/class-actions/prolapse-mesh-class-action).

IMPORTANT: the opt out notice must reach the Registrar by no later than 4.00pm on 29 October 2021, otherwise it will not be effective.

31. **You** should submit the opt out notice if you qualify as a group member and you wish to opt out of the Astora Class Action.

32. If you do not meet the criteria set out in the section headed "**ARE YOU A GROUP MEMBER IN THE ASTORA CLASS ACTION?**" above, you are not a group member and you do not need to take any step to opt out of the Astora Class Action.

33. Each group member seeking to opt out should fill out a separate form.

I. WHERE CAN YOU OBTAIN COPIES OF RELEVANT DOCUMENTS?

34. Copies of relevant documents, including the originating application, the Third Further Amended Statement of Claim, and the Defence to the Third Further Amended Statement of Claim, may be obtained by downloading them from the website of Shine Lawyers (https://www.shine.com.au/service/class-actions/american-medical-systems-mesh-class-action).

35. Alternatively, you may contact:

Shine Lawyers
Level 13, 160 Ann Street
Brisbane QLD 4000
prolapsemesh@shine.com.au
1800 884 139

Form 21
Rule 9.34

Opt out notice

Federal Court of Australia No. 35 of 2018

District Registry: New South Wales

Division: General

Jodie Philipsen & Anor

Applicants

Astora Women's Health, LLC

Respondent

To: The Registrar
Federal Court of Australia
New South Wales District Registry
Level 17, Law Courts Building, Queens Square
Sydney NSW 2000

OR BY EMAIL: pelvicmesh@fedcourt.gov.au

……. (print name), a group member in the Astora Class Action (*Jodie Philipsen & Anor v Astora Women's Health, LLC* (NSD35/2018) having been implanted with …… on or about ……. gives notice under section 33J of the *Federal Court of Australia Act 1976*, that they are opting out of that representative proceeding.

(implant) *(date)*

Date:

Signed by [Name]
[Insert capacity eg group member / Lawyer for the group member]

Filed on behalf of (name & role of party) .....
Prepared by (name of person/lawyer) .....
Law firm (if applicable) .....
Tel ..... Fax .....
Email .....
Address for service
(include state and postcode) .....

IN THE FEDERAL COURT OF AUSTRALIA

Jodie Philipsen & Anor v Astora Women's Health, LLC (NSD35/2018)

PELVIC MESH CLASS ACTION

CLAIMANT REGISTRATION FORM

IMPORTANT: This form deals with registering claims as part of the Astora Class Action.

There is a **DEADLINE** of **29 October 2021** to register a claim.

INTRODUCTION

You are being sent this form because you have been identified as a person who may be a group member in the Astora Class Action identified above.

You should read this Claimant Registration Form carefully.

1. PARTICIPATION IN MEDIATION

By no later than 10 December 2021, the parties will participate in a mediation of this class action to attempt to reach a negotiated resolution of the claims made in the class action.

On **3 September 2021**, the Federal Court provided for group members to register for the mediation by completing the Claimant Registration Form and returning it by **29 October 2021** to Shine Lawyers at the following address:

By email to prolapsemesh@shine.com.au

Or

By post to: Shine Lawyers
PO Box 12011
George Street QLD 4003

Or

By registering online at www.australianmeshclassaction.com.au.

The Claimant Registration Form allows you to provide information about any complication you allege to have suffered as a group member and treatments you have received.

If you wish to register your claim, please complete and return the Claimant Registration Form to Shine Lawyers at either the email or postal address above by **29 October 2021**. Alternatively, you can complete a Registration Form online at www.australianmeshclassaction.com.au. The solicitors for Astora will be entitled to view any Claimant Registration Form that you return. If you register now, you will not be required to register after any settlement of the proceeding in order to be entitled to receive any benefit under (or monetary compensation from) any settlement of the proceedings which is reached.

If you do not register your claim by the deadline, there is no settlement and the class action proceeds to judgment in favour of group members, you may be able to make a claim for damages.

2. COMPLETING THE CLAIMANT REGISTRATION NOTICE

Please complete this form if you believe you were implanted with an Astora implant (as listed in Section D above), and suffered from one or more of the Implant Complications and/or Implant Removal Complications referred to in paragraphs 9 and 10 of the Third Further Amended Statement of Claim. A copy of the Third Further Amended Statement of Claim is accessible via Shine Lawyers' website (https://www.shine.com.au/service/class-actions/american-medical-systems-mesh-class-action).

If you are in any doubt about whether you were implanted with an Astora Pelvic Mesh Implant please talk to your doctor or contact Shine Lawyers on 1800 884 139, or at prolapsemesh@shine.com.au.

REGISTRATION

The person identified below REGISTERS their claim, or the claim of another (for example, if you are claiming on behalf of a deceased estate) for compensation in relation to the Astora Class Action.

PART A: PERSONAL DETAILS

GROUP MEMBER DETAILS:

Salutation (Ms / Miss / Mrs / Dr / Other)

Name

Address

Date of Birth (dd/mm/yyyy)

Email

Phone Number

Medicare Number

If the group member is deceased and this form is registering a deceased estate, please tick this box □

CONTACT IF NOT GROUP MEMBER:

Relation to Group Member

Salutation (Ms / Miss / Mrs / Dr / Mr / Other)

Name

Address

Email

Phone Number

Completed forms must be returned so that they are **received** by Shine Lawyers before 4.00pm on **29 October 2021.**

Completed forms can returned by emailing them to prolapsemesh@shine.com.au or by posting the form to:

Shine Lawyers, PO Box 12011, George Street QLD 4003.

A copy of the form can also be completed online at www.australianmeshclassaction.com.au.
If you have any questions please telephone Shine Lawyers on 1800 884 139, or email us at prolapsemesh@shine.com.au.

PART B: IMPLANT DETAILS

If you are unable to complete any part of this section of the form because you do not know the answers to the questions, you may seek advice from your treating doctor or specialist or ask for assistance from Shine Lawyers.

PROLAPSE IMPLANT/S

Did you receive a Pelvic Mesh Implant to treat prolapse (including prolapse of the bladder, vagina, rectum or uterus)?

☐ Yes ☐ No

If you answered yes, and you know the name of the Pelvic Mesh Implant you received, please indicate which of the implants you received from the list below.

American Medical Systems Pelvic Mesh Implant for treatment of prolapse:	☐ Apogee Vaginal Vault and Posterior Prolapse Repair System with IntePro or IntePro Lite
	☐ Perigee Transobturator Anterior Prolapse Repair System with IntePro or IntePro Lite
	☐ Elevate Anterior and Apical Prolapse Repair System
	☐ Elevate Apical and Posterior Prolapse Repair System

Date of implant surgery	
Surgeon	
Hospital	
GP at time of implant surgery	Name of GP:
	Name of practice:
Were you treated as a public or private patient?	□ Public □ Private
If you were treated as a private patient, who was your private health insurer?	
What was your private health membership number?	

STRESS URINARY INCONTINENCE (SUI) IMPLANT/S

Did you receive a Pelvic Mesh Implant to treat stress urinary incontinence (SUI)?

☐ Yes ☐ No

If you answered yes, and you know the name of the Pelvic Mesh Implant you received, please indicate which of the implants you received from the list below.

American Medical Systems Pelvic Mesh Implant for the treatment of SUI:	☐ MONARC Subfascial Hammock System
	☐ SPARC Sling System
	☐ RetroArc Retropubic Sling System
	☐ MiniArc Single Incision Sling System
	☐ MiniArc Pro Single-Incision Sling System
	☐ MiniArc Precise Single-Incision Sling System

Date of implant surgery	
Surgeon	
Hospital	
GP at time of implant surgery	Name of GP:
	Name of practice:
Were you treated as a public or private patient?	□ Public □ Private
If you were treated as a private patient, who was your private health insurer?	
What was your private health membership number?	

PART C: COMPLICATIONS AND TREATMENT

COMPLICATIONS

1. Since being implanted with your Pelvic Mesh Implant/s, have you experienced any complications such as erosion of the mesh, pain, urinary symptoms, bowel symptoms or sexual problems?

   ☐ Yes

   ☐ No (if No, please skip to Part D)

2. Please indicate the kind of complications you have experienced since being implanted with your Pelvic Mesh Implant/s and if you still suffer from any of those complications.

Complications suffered	Still suffer from this complication
☐ Erosion, extrusion or protrusion of the mesh	☐
☐ Pain	☐
☐ Painful intercourse	☐
☐ Inability to have intercourse at all	☐
☐ Offensive vaginal discharge	☐
☐ Difficulties with bowel motions (incontinence or constipation)	☐
☐ Incontinence of urine not present before implant	☐
☐ Recurrent incontinence of urine	☐
☐ Aggravation of pre-existing incontinence of urine	☐
☐ Damage to pelvic organs, nerves, ligaments or tissues.	☐
☐ Psychiatric injury	☐
☐ Infection	☐

TREATMENT – FURTHER SURGERY

3. Have you required further <u>surgery</u> to treat one of the complications indicated in Question 2 following the initial surgery to implant your mesh or sling implant/s?

   ☐ Yes

   ☐ No (if No, please skip to Question 5)

   If Yes, please provide the details of the surgery/ies:

Date of first treatment surgery	
Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	
Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
GP at time of treatmentsurgery	Name of GP: Name of practice:
Were you treated as a public or private patient?	□ Public □ Private

Date of second treatment surgery	
Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	
Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
Were you treated as a public or private patient?	□ Public □ Private

Date of third treatment surgery	
Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	
Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
Were you treated as a public or private patient?	□ Public □ Private

Date of fourth treatment surgery	
Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	
Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
Were you treated as a public or private patient?	□ Public □ Private

Date of fifth treatment surgery	
Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	

Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
Were you treated as a public or private patient?	□ Public □ Private

Date of sixth treatment surgery

Purpose of the surgery	
If you have been implanted with more than one implant, please indicate which of these implants was the subject of this surgery (if applicable):	
Surgeon	
Hospital	
Was the surgery performed under general or local anaesthetic?	
Were you treated as a public or private patient?	□ Public □ Private

4. Did your treatment surgery/ies resolve or improve your complications?

   □ Treated successfully with a complete resolution of complications.
   □ Treated with significant alleviation of complications.
   □ Treated with only a partial alleviation of complications.
   □ Treated without any significant alleviation of complications.

TREATMENT – NON-SURGICAL

5. Have you required <u>non-surgical treatment</u> for complications suffered as a result of your implant?
   □ Yes
   □ No (if No, please skip to Question 7)

   If yes, please indicate the type of non-surgical treatment you have required, and indicate if you still require this treatment.

Treatment required	Still require this treatment
☐ Pain medication	☐
☐ Incontinence medication	☐
☐ Psychological medication	☐
☐ Other medication (please specify)	☐
☐ Physiotherapy treatment (including pelvic floor exercises and training)	☐
☐ Topical treatment (including oestrogen cream	☐
☐ Incontinence pads)	☐
☐ Injections (not associated with surgical treatment)	☐
☐ Other (please specify)	☐

6. Did your non-surgical treatment/s resolve or improve your complications?

   ☐ Treated successfully with a complete resolution of complications.
   ☐ Treated with significant alleviation of complications.
   ☐ Treated with only a partial alleviation of complications.
   ☐ Treated without any significant alleviation of complications.

7. If you experience pain as a complication of your Pelvic Mesh Implant, please rate your **current** level of pain (at its worst in the last week) on a scale of 0 to 10, with 0 being no pain and 10 being the worst imaginable pain.

1 2 3 4 5 6 7 8 9 10

PART D: IMPACT ON ACTIVITIES OF DAILY LIVING

Some women find that bladder, bowel or vagina symptoms or pain affect their activities, relationships and feelings. For each question, please tick the response that best describes how much your activities, relationships or feelings have been affected by your bladder, bowel or vaginal symptoms or conditions or pain over the past 3 months.

1. Has your ability to do household chores (cooking, laundry, housecleaning, gardening), been affected?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

2. Has your ability to do physical activities such as walking, swimming or other exercise been affected?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

3. Has your ability to participate in entertainment activities such as going to a concert or a movie been affected?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

4. Has your ability to travel (by car, bus, plane, etc) for a distance greater than 30 minutes away from home been affected?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

5. Are you able to participate in social activities outside your home?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

6. Has your emotional health been affected (nervousness, anxiety, depression, etc)?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

7. Do you feel frustrated as a result of your bladder, bowel or vagina symptoms?

   ☐Not at all ☐Somewhat ☐Moderately ☐Quite a bit

PART E: EMPLOYMENT

1. Were you working at the time of your initial implant surgery?

   ☐ Yes

   ☐ No (if No, please skip to Part F)

2. Have you had to take time off from work beyond the normal recovery time for your initial surgery as a result of your Pelvic Mesh Implant?

   ☐ Yes (if yes, please specify length of time off:_____)

   ☐ No

3. Did any complications suffered as a result of your Pelvic Mesh Implant impact your return to work after your initial surgery?

   ☐ No, full return to work.

   ☐ No, planned retirement from work or retirement for other reasons.

   ☐ Yes, returned to work in reduced capacity (e.g. part time).

   ☐ Yes, returned to work and required change in role.

   ☐ Yes, retired from work as a result of complications suffered as a result of the implant.

4. Please provide your type of employment:

5. Do you currently receive Centrelink benefits:

   ☐ Yes

   ☐ No

   If yes, please confirm your customer reference number (CRN) and what type of benefits you receive.

PART F: CARE & ASSISTANCE

As a result of the complications you have suffered due to the insertion of your Pelvic Mesh Implant, have you required assistance with the activities of daily living (i.e. washing, cleaning, showering, preparation of meals or gardening) by an external provider or a member of your family?

☐ Yes

☐ No

If yes:

a.	When did you start requiring assistance (approx. month and year)?	
b.	Up until now, on average how many hours of assistance per week have you required?	
c.	In the future, how many hours of assistance do you think you will require?	
d.	Is the care provided by a member of your family, or external provider (please specify who)?	

PART G: OUT OF POCKET EXPENSES

Are you out of pocket for expenses associated with the treatment of the complication/s you have suffered as a result of your Pelvic Mesh Implant?

☐ Yes (if yes, please specify below)

☐ No

If yes, how much do you estimate you have paid out of pocket?

☐ Less than $1,000

☐ Between $1,000 and $5,000

☐ Between $5,000 and $10,000

☐ More than $10,000

☐ Not sure

END OF REGISTRATION FORM