

BE-DRI



BE-DRI

BE-DRI

**7-Day Bladder Diary
Evaluation Diary A**
Version 06/01/2004

F206A , version 06/01/04 (A)

Section A: General Study Information for Office Use Only

A1. ID#: Label A2. Visit # Baseline Screening..... SCR
Visit 05 VS05

A3. Staff Initials: _____

A4. Date Distributed: ____/____/____

A5. Date Returned: ____/____/____

Evaluation Diary (SCRN and VS05 visits)

The UITN is supported by cooperative agreements from
the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
in collaboration with
the National Institute of Child Health and Human Development (NICHD)

Instructions for the 7-Day Evaluation Bladder Diary

Please use this Diary to record information about your pattern of urination and urinary accidents covering a complete 24-hour period for each of seven days in a row. See the Sample Diary on the next page.

1. You can start the Diary on any day of the week, but begin using it at 12 midnight and use it for 7 complete days in a row. Please be sure to complete the Diary before you return for your next study visit.
2. Write the date and circle a letter at the top of the Diary to indicate the dates and days of the week that you keep the Diary.
3. **Keeping Track of Fluid Intake:** For the first two days, every time you drink something, please record the time, the type of fluid and exact amount that you drank on the Diary in the space provided.
4. **Keeping track of Voids, Accidents and Urine Output:** Every time you urinate in the **Toilet** or have an **Accident**, please record the time of day that the event occurred in the appropriate box under the “Time of Void” or “Time of Accident” column. (See the Sample Diary).
 - For the first two days, we also want you to record the amount of urine voided in ounces (oz).
 - On Day 1 and Day 7, we also want you to describe how strong the sense of urgency is for every void and every accident using the **4-point** urgency rating scale provided at the bottom of the Day 1 and 7 pages.
 - Most importantly, on every day, please record each time you accidentally lose or leak urine by writing the time of each accident and describe the size of each accident using the **3-point** scale provided at the bottom of the page. Remember, even a small amount of accidental leakage should be recorded each time it occurs.
5. For each accident, record what you think is the **reason for the accident** in the last column. For example, if you accidentally lose urine with physical activity, coughing, or sneezing, write this comment in the **Reason for Accident** column. Also, please note whether the leakage occurred with, or right after, an urge to urinate. For example, you were on your way to the bathroom but didn’t make it in time. If there seems to be no reason for the accident, please record what you were doing when the leakage occurred. If you did not feel the leakage when it happened and just found yourself damp or wet, note this in the last column.
6. We also want to know your awake time and bedtime for each day. In addition, be sure to record the number of pads (Poise, Serenity, maxipads) and diapers (Attends, Depends) that you used each day.
7. You can record any other observations for the day that you think might be important in the Comments section at the bottom of each page.

Sample Diary Day: – Fluid Intake			Sample Diary Day: Urine Output					
DATE: <u>06/02/2004</u> CIRCLE DAY: M T <u>W</u> TH F S Su								
← FLUID INTAKE →			← URINE OUTPUT →					
Time of Intake	Fluid Type	Amount (oz)	Time of...		Urgency Rating [†] 0 1 2 3 (key at bottom)	Amount Voided (oz)	Amount Leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident				
8:00 AM	Coffee	6 oz		2:15 AM	0		2	Coughed in bed
8:45 AM	Orange Juice	8 oz	3:00 AM		3	7 oz		
10 AM	Water	8 oz		7:25 AM	3		2	Woke up, strong urge
12:00 PM	Lemonade	10 oz	7:26 AM		3	6 oz		
2 PM	Water	10 oz		7:30 AM	1		1	Took a shower, had to go
6 PM	Water	10 oz	9:00 AM		2	6 oz		
10:45 PM	Water	3 oz	10:45 AM	10:45 AM	0	4 oz	2	Sneezed
			1:00 PM	1:00 PM	3	4 oz	3	Came home, opened door, strong urge
			3:17 PM		2	5 oz		
			7:35 PM		2	5 oz		
			9 PM		1	3 oz		
			11 PM		0	3 oz		
Comments:					[†] Urgency Rating: 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with usually activity/tasks</i> 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all activity/tasks</i>		Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing	
Awake Time: <u>7:25 AM</u> Bed Time: <u>11:00 PM</u>					# of Pads Used: <u>2</u> # of Diapers used: <u>0</u>			

Day 1 – Fluid Intake			Day 1 – Urine Output					
DATE: ____/____/____ CIRCLE DAY: M T W TH F S Su								
← FLUID INTAKE →			← URINE OUTPUT →					
Time of Intake	Fluid Type	Amount (oz)	Time of...		Urgency Rating [†] 0 1 2 3 (key at bottom)	Amount Voided (oz)	Amount Leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident				
Comments:					[†] Urgency Rating:		Amount Leaked:	
					0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with usually activity/tasks</i> 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all activity tasks</i>		1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing	
Awake Time: _____ Bed Time: _____					# of Pads Used: _____ # of Diapers used: _____			

Day 2 – Fluid Intake			Day 2 – Urine Output				
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su							
← FLUID INTAKE →			← URINE OUTPUT →				
Time of Intake	Fluid Type	Amount (oz)	Time of...		Amount Voided (oz)	Amount leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident			
Comments:					*Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing		
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____

Day 3 – Fluid Intake			Day 3 – Urine Output				
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su							
← FLUID INTAKE →			← URINE OUTPUT →				
Time of Intake	Fluid Type	Amount (oz)	Time of...		Amount Voided (oz)	Amount leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident			
Comments:					*Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing		
Awake Time: _____					Bed Time: _____		# of Pads Used: _____ # of Diapers used: _____

Day 4 – Fluid Intake			Day 4 – Urine Output				
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su							
← FLUID INTAKE →			← URINE OUTPUT →				
Time of Intake	Fluid Type	Amount (oz)	Time of...		Amount Voided (oz)	Amount leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident			
Comments:					*Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing		
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____

Day 5 – Fluid Intake			Day 5 – Urine Output				
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su							
← FLUID INTAKE →			← URINE OUTPUT →				
Time of Intake	Fluid Type	Amount (oz)	Time of...		Amount Voided (oz)	Amount leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident			
Comments:					*Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing		
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____

Day 6 – Fluid Intake			Day 6 – Urine Output				
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su							
← FLUID INTAKE →			← URINE OUTPUT →				
Time of Intake	Fluid Type	Amount (oz)	Time of...		Amount Voided (oz)	Amount leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident			
Comments:					* Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing		
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____

Day 7 – Fluid Intake			Day 7 – Urine Output					
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su								
← FLUID INTAKE →			← URINE OUTPUT →					
Time of Intake	Fluid Type	Amount (oz)	Time of...		Urgency Rating [†] 0 1 2 3 (key at bottom)	Amount Voided (oz)	Amount Leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident				
Comments:					[†] Urgency Rating: 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with usually activity/tasks</i> 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all activity/tasks</i>		Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing	
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____	

Extra Diary Day: – Fluid Intake			Extra Diary Day –		Urine Output			
DATE: ____ / ____ / _____ CIRCLE DAY: M T W TH F S Su								
← FLUID INTAKE →			← URINE OUTPUT →					
Time of Intake	Fluid Type	Amount (oz)	Time of...		Urgency Rating† 0 1 2 3 (key at bottom)	Amount Voided (oz)	Amount Leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident				
Comments:					†Urgency Rating: 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with usually activity/tasks</i> 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all activity/tasks</i>		Amount Leaked: 1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing	
Awake Time: _____			Bed Time: _____		# of Pads Used: _____		# of Diapers used: _____	

Extra Diary Day: – Fluid Intake			Extra Diary Day – Urine Output					
DATE: ____ / ____ / ____ CIRCLE DAY: M T W TH F S Su								
← FLUID INTAKE →			← URINE OUTPUT →					
Time of Intake	Fluid Type	Amount (oz)	Time of...		Urgency Rating† 0 1 2 3 (key at bottom)	Amount Voided (oz)	Amount Leaked* 1 2 3 (key at bottom)	Reason for Accident
			Void	Accident				
Comments:					† <u>Urgency Rating:</u>		Amount Leaked:	
					0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with usually activity/tasks</i> 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all activity/tasks</i>		1-Small accident: damp pad or a few drops 2-Medium accident: wet pad or underwear 3-Large accident: soaked pad or outer clothing	
Awake Time: _____ Bed Time: _____					# of Pads Used: _____ # of Diapers used: _____			