



BE-DRI

**Intervention Bladder Diary
Diary B**

Version 06/01/2004

F206B, version 06/01/04 (A)

Section A: General Study Information for Office Use Only

A1. ID#: Label **A2.** Visit # Intervention 2..... INT2
Intervention 3..... INT3
Intervention 4..... INT4

A3. Staff Initials: _____

A4. Date Distributed: ____/____/____

A5. Date Returned: ____/____/____

Intervention Diary (INTV 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 Keeping the Intervention Bladder Diary

Please use this Diary every day to record information about your pattern of urination and urinary accidents. See the Sample Diary on the right.

1. Please start the Diary tonight at 12-midnight and keep a Diary continuously until you return for your next study visit.
2. Write the date and circle a letter at the top of each Diary day to indicate the dates and days of the week that you keep the Diary.
3. **Keeping track of Voids and Accidents:** Every time you urinate (**void**) in the toilet, please record the time of day that the event occurred in the appropriate box under the “**Time of Void**” column (See the Sample Diary.)
 - Record each time you accidentally lose or leak urine by writing the time of each accident in the “**Time of Accident**” column. We also want you to describe the size of each accident using the **3-point** scale provided at the bottom of the page. Record the size of the accident in the “**Amount Leaked**” column. Remember, even a small amount of accidental leakage should be recorded as an accident each time it occurs.
4. For each accident, record what you think might be 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.
5. 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 that day.
6. 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.

Day 12- Voids and Accidents				
DATE: _____ Circle Day: M T W TH F S Su				
Time of ...		Amount Leaked*		Reason for Accident
Void	Accident	1 2 3 (key at bottom)		

***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

Comments:

Awake Time: _____
 # of Pads Used: _____

Bed Time: _____
 # of Diapers used: _____

[illegible][illegible]

Day 3- Voids and Accidents

DATE: ____ / ____ / ____ Circle Day: M T W TH F S Su

[illegible]

*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
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Comments:

Awake Time: _____

Bed Time: _____

of Pads Used: _____

of Diapers used: _____

Day 4- Voids and Accidents

DATE: ____ / ____ / _____ Circle Day: M T W TH F S Su

[illegible]

*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
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Comments:

Awake Time: _____

Bed Time: _____

of Pads Used: _____

of Diapers used: _____

[illegible]

Day 6- Voids and Accidents				
DATE: ____ / ____ / _____ Circle Day: M T W TH F S Su				
Time of...		Amount Leaked*	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)		

*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

Comments:

Awake Time: _____
of Pads Used: _____

Bed Time: _____
of Diapers used: _____

Day 7- Voids and Accidents

DATE: ____ / ____ / ____ Circle Day: M T W TH F S Su

[illegible]

*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
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Comments:

Awake Time: _____

Bed Time: _____

of Pads Used: _____

of Diapers used: _____

Day 8- Voids and Accidents

DATE: ____ / ____ / _____ Circle Day: M T W TH F S Su

[illegible]

*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
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Comments:

Awake Time: _____

Bed Time: _____

of Pads Used: _____

of Diapers used: _____

[illegible][illegible]