



BE-DRI

**7-Day Bladder Diary
Follow-up Diary C**

Version 06/01/2004

F206C , version 06/01/04 (A)

Section A: General Study Information for Office Use Only

A1. **A2. Visit #** Visit 06 VS06
Visit 07 VS07
Visit 08 VS08
Visit 09 VS09
Visit 10 VS10
Visit 11 VS11

A3. Staff Initials: _____

A4. Date Distributed: ____/____/____

A5. Date Returned: ____/____/____

Follow-up Diary (VS06 through VS11 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 Follow-up 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 right.

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 Voids and Accidents:** 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 “Time of Void or Accident” (See the Sample Diary.)
 - 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.
 - One 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** scale provided at the bottom of the Day 1 and Day 7 pages.
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 without 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.

Extra Diary Day					
DATE: _____ Circle DAY 1: M T W TH F S Su					
Time		Amount Leaked*	Urgency Rating [†]	Reason for Accident	
Void	Accident				
		1 2 3 (key at bottom)	0 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

†Urgency Rating:

0-NONE: no urgency

1-MILD: awareness of urgency, but *easily tolerated*

2-MODERATE: enough urgency discomfort that it *interferes with* usually activity/tasks

3-SEVERE: extreme urgency discomfort that abruptly *stops all* activity/tasks

Comments:

Awake Time: _____

of Pads Used: _____

Bed Time: _____

of Diapers used: _____

[illegible][illegible]

[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][illegible]

[illegible][illegible]

