

## 2-Day Bladder Health Symptom Diary

### INSTRUCTIONS

Please complete the 2-Day Symptom Diary BEFORE completing the 1-Day Frequency-Volume Bladder Diary. For two days, we are asking you to record if you leak pee (urine) and your experiences when peeing and when you are done peeing. The two days you record on the 2-Day Symptom Diary should be in a row, but you do not have to do all 3 days of Diaries in a row. Please see the detailed instructions on the Diary.

Choose any 2 days (48-hour period of time) to keep this Diary. You will need to take this Diary with you when you are at home, work or other locations to record your symptoms every time you pee (urinate).

You will be asked to complete general questions about your health and your bladder (Questions 1-8). Each day, you will also be asked what time you woke up in the morning, what time you went to bed that day, and if you had pain symptoms related to your bladder.

**Begin your Diary with the FIRST time you pee after you wake up from sleep.**

Column 1:

- Every time you pee in the bathroom or if you leak urine (even a drop), please check one of the boxes; P=Peed or L=Leaked. If you did both, leaked urine and peed, check the box marked “B” for Both.
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Column 2:

- Write down the time you peed in this column and check the box for AM or PM.

Column 3:

- Next to the time you leaked pee, check if the amount was a small (S), medium (M), or large (L) leakage.

Column 4 – Column 6:

- Check Yes (Y) or No (N) for each question about any urgency, your pee experience, and your after-pee experience.