

ICCTG
 PROTOCOL #1

Voiding Diary

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Week: _____
 Date: ____ / ____ / ____
month day year
 RC ID: _____

(Patient Completed. To be returned at the following visits: Baseline 2, weeks 3, 10, 17, 24 and post treatment follow-up, if applicable)
 (Research Coordinator to provide patient with several photocopies of the second page.)

INSTRUCTIONS: Before your next scheduled visit or phone interview, record the times and amounts of each urination for a consecutive 24-hour period. On this day start at 8:00 (Military time) and continue until 7:59 the next day. Please use the special container that has been provided for you.

Please use black ink.

1. Beginning date of log.

Date: ____ / ____ / ____
month day year

2. Ending date of log.

Date: ____ / ____ / ____
month day year

3. FOR WOMEN ONLY: What was the date of onset of your most recent menstrual period?

Date: ____ / ____ / ____
month day year

☐ Not applicable

4. What time did you go to bed for the night?

____ : ____ (Military time)
hour minute

5. What time did you get up for the day?

____ : ____ (Military time)
hour minute

6. Which number best describes your pain/discomfort on this day?
 (Please circle **ONE** number).

None Mild Moderate Severe
 0 1 2 3 4 5 6 7 8 9

7. Which number best describes your urgency on this day?
 (Please circle **ONE** number).

None Mild Moderate Severe
 0 1 2 3 4 5 6 7 8 9

Voiding Diary

Patient ID: _____

Contact Week: ____ ____

[illegible]