

F206B, version 06/01/04 (A) Section A: General Study Information for Office Use Only							
A1. ID#: Label	<b>A2.</b> Visit #	Intervention 2INT2					
		Intervention 3INT3					
		Intervention 4 INT4					
A3. Staff Initials:							
<b>A4.</b> Date Distributed:	/						
A5. Date Returned:	//						

**BE-DRI** 

Intervention Bladder Diary Diary B

Version 06/01/2004

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 D	ay: M T W TH F S Su				
Time	of	Amount Leaked*	Reason for Accident				
Void	Accident	1 2 3 (key at bottom)					
*Amount Le	eaked:						
1-Small acci	dent: damp pa	ad or a few drops					
2-Medium a	ccident: wet 1	pad or underwear					
3-Large accident: soaked pad or outer clothing							
Commen	Comments:						
Awake Time	e:		Bed Time:				
# of Pads U	Jsed:		# of Diapers used:				

Day 12 Waids and Assidants

	D	ay 11 - Voids an	a Acc	ider	ıts					
DATE: _	//	Circle	Day:	M	Т	W	ТН	F	S	Su
Tim	e of	Amount Leaked*		Rea	asor	ı for	Acci	den	t	
Void	Accident	1 2 3 (key at bottom)								
*Amount Le	eaked:	1 - small accident: 2 - medium accide 3 - large accident:	nt: wet	pad o	or ur	nderv	vear	),		
Commen	ts:									
Awake Time	::	_		Bed '	Time	e:			-	
# of Pads U	sed:	_		# of	Dia	pers	used: _		_	

## SAMPLE DIARY – DAY 1

**DATE:** <u>04/24/2001</u> Circle **DAY** 1: M(T) W TH F S Su

Time of		Amount Leaked*	Reason for Acciden			
Void	Accident	1 2 3 (key at bottom)				
	2:15 AM	2	Coughed in bed			
3:00 AM						
	7:25 AM	2	Woke up, strong urge			
	7:30 AM	1	Took a shower, had to go			
9:00 AM						
0:45 AM	10:45 AM	2	Sneezed			
1:00 PM	1:00 PM	3	Came home, opened door, strong urge,			
3:17 PM						
7:35 PM						
9:00 PM						
1:00 PM						
Amount Le	aked:	2 - medium accide	damp pad or a few drops  nt: wet pad or underwear  soaked pad or outer clothing			

# of Diapers used: \_\_0\_

# of Pads Used: \_\_\_3

Day 1- Voids and Accidents					Day 2- Voids and Accidents					
DATE:	/	/ Circl	le Day: M T W TH F S Su	DATE:	e Day: M T W TH F S Su					
Tim	e of	Amount Leaked*	Reason for Accident	Tim	e of	Amount Leaked*	Reason for Accident			
Void	Accident	1 2 3 (key at bottom)		Void	Accident	1 2 3 (key at bottom)				
							4			
*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		*Amount Lo	*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							
Commen	ts:			Commen	ts:					
Awake Time	·	_	Bed Time:	Awake Time	e:	_	Bed Time:			
# of Pads U	Jsed:	_	# of Diapers used:	# of Pads U	Jsed:	_	# of Diapers used:			

Day 3- Voids and Accidents					Day 4- Voids and Accidents					
DATE:	/	/ Circl	e Day: M T W TH F S Su	DATE: / Circle Day: M T W TH						
Tim	e of	Amount Leaked*	Reason for Accident	Tim	e of	Amount Leaked*	Reason for Accident			
Void	Accident	1 2 3 (key at bottom)		Void	Accident	1 2 3 (key at bottom)				
							4			
*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		*Amount Le	*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							
Commen	ts:			Commen	ts:					
Awake Time	·	_	Bed Time:	Awake Time	e:	_	Bed Time:			
# of Pads U	Jsed:	_	# of Diapers used:	# of Pads U	Jsed:	_	# of Diapers used:			

Day 5- Voids and Accidents				Day 6- Voids and Accidents					
DATE: / / Circle Day: M T W TH F S Su			DATE: / / Circle Day: M T W TH F S						
Time	e of	Amount Leaked*	Reason for Accident	Tim	e of	Amount Leaked*	Reason for Accident		
Void	Accident	1 2 3 (key at bottom)		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		*Amount L	*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		nt: wet pad or underwear				
Comment	ts:	Ü		Commen	its:	J			
Awake Time	:	_	Bed Time:	Awake Time	e:	_	Bed Time:		
# of Pads U	sed:	_	# of Diapers used:				# of Diapers used:		

Day 7- Voids and Accidents					Day 8- Voids and Accidents					
DATE:	/	/ Circl	le Day: M T W TH F S Su	DATE:	/	/ Circl	e Day: M T W TH F S Su			
Tim	e of	Amount Leaked*	Reason for Accident	Tim	e of	Amount Leaked*	Reason for Accident			
Void	Accident	1 2 3 (key at bottom)		Void	Accident	1 2 3 (key at bottom)				
							4			
*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		*Amount Lo	*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							
Commen	ts:			Commen	ts:					
	j:		Bed Time:		e:		Bed Time:			
# of Pads U	Jsed:	_	# of Diapers used:	# of Pads U	Jsed:	_	# of Diapers used:			

Day 9- Voids and Accidents	Day 10 - Voids and Accidents			nd Accidents			
DATE: / / Circle Day: M T W TH F S Su	DATE:	DATE: / Circle Day: M T W TH F S					
Time of  Void Accident  Amount Leaked*  1 2 3	Tin Void	ne of Accident	Amount Leaked* 1 2 3	Reason for Accident			
(key at bottom)			(key at bottom)				
	1						
*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	*Amount 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					
Comments:	Commer	nts:		<del></del>			
Awake Time: Bed Time:	Awake Tim	ne:	_	Bed Time:			
# of Pads Used: # of Diapers used:	# of Pads	Used:		# of Diapers used:			