Г	F206C , version 06/01/04 (A) Section A: General Study Information for Office Use Only							
A1.	ID#: Label	A2. Visit #	Visit 06 VS06					
L (Visit 07 VS07					
			Visit 08 VS08					
			Visit 09 VS09					
			Visit 10 VS10					
			Visit 11 VS11					
A3. S	Staff Initials:							
A4. I	Date Distributed:							
A5. I	Date Returned:	///						



7-Day Bladder Diary Follow-up Diary C Version 06/01/2004

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 <u>24-hour</u> period for each of <u>seven</u> 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 <u>7 complete days in a row</u>. 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 if 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 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.

Extra Diary Day					
DATE: _		Circle DA Y	й1: МТ W	WTH FSSu	
Time		Amount Leaked*	Urgency Rating [†]	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)	0 1 2 3 (key at bottom)		
* <u>Amount Lea</u>	<u>ked</u> :		<u>†Urgency Rating:</u>		
1-Small accident: damp pad or a few drops2-Medium accident: wet pad or underwear3-Large accident: soaked pad or outer clothing			2-MODERATE : e that it <i>interferes with</i> t	s of urgency, but <i>easily tolerated</i> nough urgency discomfort usually activity/tasks ne urgency discomfort that	
Comment	s:				
Awake Time:				me:	
# of Pads Used:			# of D	iapers used:	

Extra Diary Day					
DATE: _		Circle DAY	К1: МТ W	VTH FSSu	
Time		Amount Leaked*	Urgency Rating [†]	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)	0 1 2 3 (key at bottom)		
	_				
*Amount Lea	aked:		†Urgency Rating:		
1-Small accid	lent: damp pad	l or a few drops	0-NONE: no urger		
	2-Medium accident: wet pad or underwear			1-MILD : awareness of urgency, but <i>easily tolerated</i> 2-MODERATE : enough urgency discomfort	
3-Large accident: soaked pad or outer clothing			that it <i>interferes with</i> u	usually activity/tasks ne urgency discomfort that	
Commen	ts:				
Awake Time	:	_	Bed Tin	me:	
# of Pads Used:			# of Diapers used:		

Sample Diary – Day 1				
DATE: _	04/21/20	01 Circle D A	Y 1: $M(T)$	W TH F S Su
Ti	me	Amount Leaked*	Urgency Rating [†]	Reason for Accident
Void	Accident	1 2 3 (key at bottom)	0 1 2 3 (key at bottom)	
	2:15 AM	2	0	Coughed in bed
3:00 AM				
	7:25 AM	2	3	Woke up, strong urge
	7:30 AM	1	1	Took a shower, had to go
9:00 AM				
	10:45 AM	2	0	Sneezed
	1:00 PM	3	3	Came home, opened door, strong urge,
3:17 PM				
7:35 PM				
*Amount Le	aked:		[†] Urgency Rating:	
1-Small accident: damp pad or a few drops2-Medium accident: wet pad or underwear3-Large accident: soaked pad or outer clothing			 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with</i> usually activity/tasks 3-SEVERE: extreme urgency discomfort that abruptly <i>stops all</i> activity/tasks 	
Commen	ts:			
Awake Time	2:		Bed Ti	me:
# of Pads U	Jsed:		# of D	iapers used:

	Day 1 – Voids and Accidents				
DATE: _		Circle DAY	й1: МТ W	V 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 Le	aked:		[†] Urgency Rating:		
1-Small accident: damp pad or a few drops2-Medium accident: wet pad or underwear		 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort 			
3-Large accident: soaked pad or outer clothing		that it <i>interferes with</i> usually activity/tasks 3-SEVERE : extreme urgency discomfort that abruptly <i>stops all</i> activity/tasks			
Commen	ts:				
Awake Time	e:		Bed Tit	ne:	
# of Pads Used:			# of D	iapers used:	

	Day 2- Voids and Accidents					
DATE: _	/	/ Circl	e Day: M T W TH F S Su			
Time		Amount Leaked*	Reason for Accident			
Void	Accident	1 2 3 (key at bottom)				
Amount T	alvadı	1 amall cast day to 1	area and on a few droad			
Amount Lea	акеа:	2 - medium acciden	amp pad or a few drops it: wet pad or underwear baked pad or outer clothing			
Comment	s:	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Awake Time:		_	Bed Time:			
# of Pads Used: # of Diapers used:			# of Diapers used:			

		Day 3- Voids an	d Accidents	
DATE: / Circle Day: M T W TH F S Su				DAT
Т	ime	Amount Leaked*	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)		Voi
		()		
	-			
	-			
*Amount L	eaked:	2 - medium accider	lamp pad or a few drops nt: wet pad or underwear oaked pad or outer clothing	*Amour
Commen	nts:	0		Comm
Awake Tim	e:	_	Bed Time:	Awake 7
# of Pads Used:			# of Diapers used:	# of Pac

Day 4- Voids and Accidents					
DATE:	/	/ Circl	e Day: M T W TH F S Su		
Time		Amount Leaked*	Reason for Accident		
Void	Accident	1 2 3 (key at bottom)			
*Amount Le	eaked:	2 - medium acciden	amp pad or a few drops at: wet pad or underwear baked pad or outer clothing		
Commen	ts:				
Awake Time	2:	_	Bed Time:		
# of Pads Used:		# of Diapers used:			

	Day 5- Voids and Accidents DATE: /				Day 6- Voids and Accidents			
DATE:				DATE: / Circle Day: M T			le Day: M T W TH F S Su	
Time		Amount Leaked*	Reason for Accident	Т	ime	Amount Leaked*	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)		Void	Accident	1 2 3 (key at bottom)		
			-					
					-			
					-			
*Amount Le	eaked:	2 - medium accider	lamp pad or a few drops nt: wet pad or underwear oaked pad or outer clothing	*Amount L	leaked:	2 - medium accider	damp pad or a few drops nt: wet pad or underwear oaked pad or outer clothing	
Commen	ts:			Commen	its:			
	2:		Bed Time:	Awake Time	e:	_	Bed Time:	
# of Pads U	Jsed:	—	# of Diapers used:	# of Pads U	Jsed:	_	# of Diapers used:	

	Day 7 – Voids and Accidents				
DATE: _		Circle DA Y	Y1: MTW	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 Le	aked:		[†] Urgency Rating:		
1-Small accident: damp pad or a few drops			0-NONE: no urgency		
2-Medium accident: wet pad or underwear		1-MILD : awareness of urgency, but <i>easily tolerated</i> 2-MODERATE : enough urgency discomfort			
3-Large accident: soaked pad or outer clothing		that it <i>interferes with</i> u 3-SEVERE : extrem abruptly <i>stops all</i> acti	ne urgency discomfort that		
Commen	ts:				
Awake Time	2:		Bed Tin	me:	
# of Pads Used:			# of Diapers used:		

Extra Diary Day					
DATE: _		Circle DA	YI: MT WTH FS Su		
Tir	ne	Amount Leaked*	Urgency	Reason for Accident	
Void	Accident	1 2 3 (key at bottom)	Rating [†] 0 1 2 3 (key at bottom)		
* <u>Amount Leaked</u> :			[†] Urgency Rating:		
1-Small accident: damp pad or a few drops2-Medium accident: wet pad or underwear3-Large accident: soaked pad or outer clothing			 0-NONE: no urgency 1-MILD: awareness of urgency, but <i>easily tolerated</i> 2-MODERATE: enough urgency discomfort that it <i>interferes with</i> usually activity/tasks 3-SEVERE: extreme urgency discomfort that 		
<u></u>			abruptly <i>stops all</i> act		
Comment			ידי 1 - ד		
Awake Time			Bed Time:		
# of Pads Used:			# of Diapers used:		



