

Section A: General Study Information for Office Use Only:

A1. STUDY ID#:	LABEL	A2. VISIT #	BASELINE SCREENING SCRN
A3. DATE FORM COMPLETED:	____ / ____ / ____ MONTH DAY YEAR	A4. ABTRACTOR INITIALS:	_____
A5. DATE DIARY DISTRIBUTED:	____ / ____ / ____ MONTH DAY YEAR	A6. DISTRIBUTOR INITIALS:	_____
A7. IS THIS A REPEAT DIARY?	YES..... 1	NO..... 2	

SECTION B: OVERALL VALIDITY

B1. Is this Diary valid or invalid? Valid..... 1 ➔ **SKIP TO C1**
 Invalid 2

B2. Why is the Diary invalid?

- Less than 5 valid days 1
- Valid days fall outside a 7-day window 2
- Patient had a UTI which has been treated 3
- Expired 4 ➔ Date of Diary Day 1: ____ / ____ / ____ ➔ **END**
- Other 5 ➔ **DESCRIBE:** _____

B3. Code all reasons why diary days were considered invalid: (Circle yes or no for all items)

- a. Less than 24 hours Yes (1) No (2)
- b. Illegible entries for accidents Yes (1) No (2)
- c. Some accident entries not credible/ not in real time Yes (1) No (2)
- d. Patient reported some accidents not recorded Yes (1) No (2)
- e. Patient wearing a urethral occlusion pad Yes (1) No (2)
- f. Some other reason Yes (1) No (2)
 - i. ↪ If Yes, describe _____

B4. Will the patient repeat the diary to allow eligibility determination?

- Yes 1 ➔ **END (RE-TEACH, EMPHASIZE ACCURACY, RE-APPOINT FOR RANDOMIZATION)**
- No 2 ➔ **END (COMPLETE F280 TO END PARTICIPATION IN STUDY)**
- Not at this time..... 3 ➔ **END**

SECTION C: THE DIARY WINDOW AND FLUID INTAKE

C1. Record the dates of the first and last valid Diary days you will abstract on this F206:

C1a. First valid day: ____ / ____ / ____ ➔ C1b. Last valid day: ____ / ____ / ____
 MONTH DAY YEAR MONTH DAY YEAR

C2. How many valid Diary days will you be recording on this F206?

- 5 days 5
- 6 days 6
- 7 days 7

START ABSTRACTING THE DIARY WITH THE 1ST VALID DIARY DAY. RECORD UP TO 7 VALID DIARY DAYS BELOW.

C3. Were any Diary days invalid? Yes 1
 No..... 2 ➔SKIP TO C5

C4. Code all reasons why any diary days were considered invalid: (Circle yes or no for all items)

- a. Less than 24 hours Yes (1) No (2)
- b. Illegible entries for accidents..... Yes (1) No (2)
- c. Some accident entries not credible/ not in real time..... Yes (1) No (2)
- d. Patient reported some accidents not recorded Yes (1) No (2)
- e. Patient wearing a urethral occlusion pad Yes (1) No (2)
- f. Some other reason Yes (1) No (2)
 - i. ↻ If Yes, describe _____

Record the volume of all fluid intake for 1 or 2 complete days:

C5. 1st Day of Fluid Intake: ___ / ___ / ___
MONTH DAY YEAR

C6. 2nd Day of Fluid Intake: ___ / ___ / ___
MONTH DAY YEAR

i. Time of Intake		ii. Volume of intake	
1	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
2	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
3	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
4	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
5	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
6	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
7	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
8	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
9	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
10	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
11	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
12	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
13	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	

i. Time of Intake		ii. Volume of intake	
1	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
2	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
3	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
4	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
5	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
6	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
7	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
8	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
9	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
10	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
11	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
12	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	
13	___ : ___ AM 1 ___ : ___ PM..... 2	___ oz.	

SECTION D: ABSTRACTION OF VALID DIARY DAYS

D1. First Valid Diary Day

D1a. Date of this day: ____ / ____ / _____

D1b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D1c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D1. First Valid Diary Day continued

D1c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D1d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____ : ____	AM 1 PM 2	____ : ____	AM 1 PM 2	_____	_____

D1e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D2. Second Valid Diary Day

D2a. Date of this day: ____ / ____ / _____

D2b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D2c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D2. Second Valid Diary Day continued

D2c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D2d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D2e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D3. Third Valid Diary Day

D3a. Date of this day: ____ / ____ / _____

D3b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D3c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D3. Third Valid Diary Day continued

D3c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	_____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D3d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D3e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D4. Fourth Valid Diary Day

D4a. Date of this day: ____ / ____ / _____

D4b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D4c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D4. Fourth Valid Diary Day continued

D4c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D4d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D4e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D5. Fifth Valid Diary Day

D5a. Date of this day: ____ / ____ / _____

D5b Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D5c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ ____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D5. Fifth Valid Diary Day continued

D5c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D5d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D5e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D6. Sixth Valid Diary Day

D6a. Date of this day: ____ / ____ / _____

D6b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D6c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D6. Sixth Valid Diary Day continued

D6c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D6d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		ii.		iii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D6e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION D: ABSTRACTION OF VALID DIARY DAYS CONTINUED

D7. Seventh Valid Diary Day

D7a. Date of this day: ____ / ____ / _____

D7b. Record if the patient tracked output or rated urgency on this day: (Circle yes or no for both items)

- a. Did the patient track output today? Yes (1) No (2)
- b. Did the patient rate her urgency today?..... Yes (1) No (2)

D7c. Detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
1.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
2.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
3.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
4.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
5.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
6.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
7.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
8.	____ : ____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D7. Seventh Valid Diary Day continued

D7c. Continuation of detailed summary of voids and accidents on this day:

	i.	ii.	iii.	iv.	v.	vi.
	Time of Event	Event type	Urgency Rating	Amount Voided	Amount Leaked	Type of Accident
9.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
10.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
11.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
12.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
13.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
14.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2
15.	____:____ AM 1 PM 2	Void1 Accident...2 Both3	None..... 0 Mild..... 1 Moderate 2 Severe..... 3	____ oz. Not a void-2	Small1 Medium2 Large3 Not an accident.....-2	Urge..... 1 Stress 2 Other..... 3 Not an accident-2

D7d. Record the patient's wake time and bedtime and the number of pads and diapers used on this day:

i.		i.		ii.	iv.
Wake Time		Bed Time		Pads used	Diapers used
____:____	AM 1 PM 2	____:____	AM 1 PM 2	_____	_____

D7e. Overall summary of accidents data on this day:

i.	ii.	iii.	iv.	v.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total all Accidents
_____	_____	_____	_____	_____

SECTION E: ELIGIBILITY DETERMINATION

Totals for Accidents All Days:

E1.	E2.	E3.	E4.	E5.
Urge Accidents	Stress Accidents	Other Type Accidents	Type Missing	Total # Accidents
_____	_____	_____	_____	_____

E6. Is E5 ≥ 7? YES 1

NO 2 → INELIGIBLE

E7. Was the Bladder Diary completed per protocol? YES..... 1 → SKIP TO E8

NO 2

E7a Was it a... Patient deviation? 1

Staff deviation? 2

Other type? 3

E7b. Describe: _____

E8. Please provide any information obtained from the patient that may have affected the interpretation of the Bladder Diary data:

E9. Is the patient eligible to continue with screening for the BE-DRI study? (REVIEW ITEM E6.)

Yes..... 1 → CONTINUE SCREENING

No 2 → INELIGIBLE; END SCREENING