

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#: LABEL

A2. VISIT # 10 WEEKS..... VS05

A3. DATE FORM COMPLETED: ____/____/____
MONTH DAY YEAR

A4. ABTRACTOR INITIALS: ____

A5. DATE DIARY DISTRIBUTED ____/____/____
MONTH DAY YEAR

A6. DISTRIBUTOR INITIALS: ____

SECTION B: THE DIARY WINDOW AND INFORMATION ABOUT INVALID DAYS

B1. Record the dates of the first and last valid Diary days you will abstract on this F216:

B1a. First valid day: ____/____/____ ➔ B1b. Last valid day: ____/____/____
MONTH DAY YEAR MONTH DAY YEAR

B2. Were any Diary days invalid? Yes 1
No 2 ➔ **SKIP TO B4**

B3. 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 _____ | | |

B4. How many valid Diary days will you be recording on this F216?

1 day.....	1
2 days.....	2
3 days.....	3
4 days.....	4
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.

SECTION C: FLUID INTAKE

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

C1. 1st 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.

C2. 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.

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

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
____	____	____	____	____

D1f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1

No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

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
____	____	____	____	____

D2f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1
No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

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
____	____	____	____	____

D3f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1
No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

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
____	____	____	____	____

D4f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1
No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

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
____	____	____	____	____

D5f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1
No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

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
____	____	____	____	____

D6f. **USE OF DETROL TODAY**

Did the patient take Detrol this day? Yes 1

No 2

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. Time of Event	ii. Event type	iii. Urgency Rating	iv. Amount Voided	v. Amount Leaked	vi. 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

D7 c. 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

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
____	____	____	____	____

D7f. USE OF DETROL TODAY

Did the patient take Detrol this day? Yes 1
No 2

SECTION E: SUMMARY

Totals for Accidents All Days:

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

E6. Was the Bladder Diary completed per protocol? YES..... 1 ➔SKIP TO E7
 NO 2

E6a. Was it a... Patient deviation? 1
 Staff deviation? 2
 Other type? 3

E6b. Describe: _____

E7. Is this Diary valid or invalid? Valid 1 ➔SKIP TO E8
 Invalid 2

E7a. Why is the Diary invalid?
 Less than 5 valid days 1
 Valid days fall outside a 7-day window 2
 Other 3 ➔DESCRIBE: _____

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

E9. Did the patient have a UTI during completion of the Diary? YES..... 1
 NO EVIDENCE..... 2