Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and filename in your message.

CPCRN CHRONIC PROSTATITIS COHORT

Voiding Log

Patient ID: _1_ ___ ___ ___ ___
Patient Initials: ___ ___ ___
Clinical Center: ___
Contact Month: ___ ___
Date: ___ ___ / ___ ___ / ___ ___
month day year
RC ID: ___ ___ ___ ___

(Patient Completed)

1. Beginning date and time of log ___ ___ / ___ ___ / ___ ___
month day year
___ ___ : ___ ___ ❑1 AM ❑2 PM
hour minutes

2. Ending date and time of log ___ ___ / ___ ___ / ___ ___
month day year
___ ___ : ___ ___ ❑1 AM ❑2 PM
hour minutes

3. What time did you go to bed? ___ ___ : ___ ___ ❑1 AM ❑2 PM
hour minutes

4. What time did you get up for the day? ___ ___ : ___ ___ ❑1 AM ❑2 PM
hour minutes

5. Which number best describes your AVERAGE pain or discomfort on this day?

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

VOID

Voiding Log

Patient ID: _1_ ___ ___ ___ ___
Contact Month: ___ ___

Time of void	AM/PM	Amount voided (CC's)	Did you wake to void?
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No

Voiding Log

Patient ID: _1_ ___ ___ ___ ___
Contact Month: ___ ___

Time of void	AM/PM	Amount voided (CC's)	Did you wake to void?
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No
___ ___ : ___ ___	❑1 am ❑2 pm		❑1 Yes ❑0 No