I C C T G	ICCTG PROTOCOL #1	Voiding Diary	Patient ID: __ ___ ___ ___ ___ Patient Initials: ___ ___ ___ Clinical Center: ___ Contact Week: ___ ___ Date: __ __ / __ __ / __ __ (month / day / year) RC ID: ___ ___ ___ ___

(Patient Completed. To be returned at the following visits: Baseline 2, weeks 3, 10, 17, 24 and post treatment follow-up, if applicable)
(Research Coordinator to provide patient with several photocopies of the second page.)

INSTRUCTIONS: Before your next scheduled visit or phone interview, record the times and amounts of each urination for a consecutive 24-hour period. On this day start at 8:00 (Military time) and continue until 7:59 the next day. Please use the special container that has been provided for you.
Please use black ink.

1. Beginning date of log. Date: __ __ / __ __ / __ __ (month / day / year)

2. Ending date of log. Date: __ __ / __ __ / __ __ (month / day / year)

3. FOR WOMEN ONLY: What was the date of onset of your most recent menstrual period?

   Date: __ __ / __ __ / __ __ (month / day / year) ☐9 Not applicable

4. What time did you go to bed for the night? ___ ___ : ___ ___ (hour : minute) (Military time)

5. What time did you get up for the day? ___ ___ : ___ ___ (hour : minute) (Military time)

6. Which number best describes your pain/discomfort on this day?
   *(Please circle **ONE** number).*

None		Mild			Moderate			Severe	
0	1	2	3	4	5	6	7	8	9

7. Which number best describes your urgency on this day?
   *(Please circle **ONE** number).*

None		Mild			Moderate			Severe	
0	1	2	3	4	5	6	7	8	9

Voiding Diary

Patient ID:___ ___ ___ ___ ___
Contact Week: ___ ___

For Clinical Center Use ONLY	Time of void (Military time) **START AT 8:00 in the morning**	Amount voided (cc's)	Did you wake to void?
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
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VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
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VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No
VOID # __ __	___ ___ : ___ ___		❑$_1$ Yes ❑$_0$ No