



B7. Was the Pad Test completed per protocol requirements? YES ..... 1 → **SKIP TO B8**  
NO ..... 2

B7a. Was it a..... Patient deviation?..... 1  
Staff deviation? ..... 2  
Other type?..... 3

B7b. Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B8. Do you judge the test to be valid or invalid? Valid ..... 1 → **SKIP TO B9**  
Invalid ..... 2 → **MEASURE MUST BE REPEATED**

B8a. Describe why the Pad Test was judged to be invalid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**↓ PRE-WEIGHTS ↓**

**B9. DATE PRE-WEIGHTS RECORDED ↓**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                  Day                  Year

**B10. INITIALS:** \_\_\_\_\_

**↓ POST-WEIGHTS ↓**

**B11. DATE POST-WEIGHTS RECORDED ↓**  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month                  Day                  Year

**B12. INITIALS :** \_\_\_\_\_

B13.	PAD # a.	PRE-WEIGHT b.
1.	_____	_____ . _____ grams
2.	_____	_____ . _____ grams
3.	_____	_____ . _____ grams
4.	_____	_____ . _____ grams
5.	_____	_____ . _____ grams
6.	_____	_____ . _____ grams
7.	_____	_____ . _____ grams
8.	_____	_____ . _____ grams
9.	_____	_____ . _____ grams
10.	_____	_____ . _____ grams

B14.	POST-WEIGHT a.	CONTAMINATION CODE* b.
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____
	_____ . _____ gms	_____

↓  
Add entire column of B13b and record in B15

↓  
Add entire column of B14a and record in B16

\* See contamination codes in Appendix

**B15.** Sum of all pre-weights \_\_\_\_\_ . \_\_\_\_\_ gms

**B16.** Sum of all post-weights \_\_\_\_\_ . \_\_\_\_\_ gms

<b>Total Difference and Pre- and Post- Weights</b>	<b>Worksheet</b>															
<p><b>1st Calculation:</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">B16</th> <th style="width: 5%;">-</th> <th style="width: 25%;">B15</th> <th style="width: 5%;">=</th> <th style="width: 40%;">B17</th> </tr> <tr> <td>(Post-weights)</td> <td>-</td> <td>(Pre-weights)</td> <td>=</td> <td>Total difference in weights</td> </tr> <tr> <td style="height: 20px;"></td> <td>-</td> <td></td> <td>=</td> <td></td> </tr> </table>	B16	-	B15	=	B17	(Post-weights)	-	(Pre-weights)	=	Total difference in weights		-		=	
B16	-	B15	=	B17												
(Post-weights)	-	(Pre-weights)	=	Total difference in weights												
	-		=													
<p><b>2nd (QC) Calculation:</b> (should be done by another UITN staff member)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">B16</th> <th style="width: 5%;">-</th> <th style="width: 25%;">B15</th> <th style="width: 5%;">=</th> <th style="width: 40%;">B17</th> </tr> <tr> <td>(Post-weights)</td> <td>-</td> <td>(Pre-weights)</td> <td>=</td> <td>Total difference in weights</td> </tr> <tr> <td style="height: 20px;"></td> <td>-</td> <td></td> <td>=</td> <td></td> </tr> </table>	B16	-	B15	=	B17	(Post-weights)	-	(Pre-weights)	=	Total difference in weights		-		=	
B16	-	B15	=	B17												
(Post-weights)	-	(Pre-weights)	=	Total difference in weights												
	-		=													

B17. What is the difference of B16-B15? \_\_\_\_\_ . \_\_\_\_\_ grams

B18. Is B17 ≥ 15.00 grams? YES..... 1 **→FAILURE; COMPLETE FAILURE PROTOCOL**  
 NO..... 2

**SECTION C: THE VOIDING DIARY**

C1. Are there Voiding Diary data to record below? YES..... 1  
NO ..... 2 →SKIP TO C9

C2. Date Voiding Diary distributed: \_\_\_/\_\_\_/\_\_\_ C2a. Initials: \_\_\_\_\_  
Month Day Year

**Day One**

C3. Date of Diary Day 1: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

C3a. Day of the week: Sunday .....1 Monday ..... 2 Tuesday ..... 3 Wednesday ..... 4  
Thursday .....5 Friday ..... 6 Saturday ..... 7

C3b. Number of accidents: \_\_\_ ACCIDENT COUNT ≥1 = FAILURE; COMPLETE FAILURE PROTOCOL

C3c. Toilet voids during **waking** hours: \_\_\_

C3d. Toilet voids during **bedtime** hours: \_\_\_

**Day Two**

C4. Date of Diary Day 2: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

C4a. Day of the week: Sunday .....1 Monday ..... 2 Tuesday ..... 3 Wednesday ..... 4  
Thursday .....5 Friday ..... 6 Saturday ..... 7

C4b. Number of accidents: \_\_\_ ACCIDENT COUNT ≥1 = FAILURE; COMPLETE FAILURE PROTOCOL

C4c. Toilet voids during **waking** hours: \_\_\_

C4d. Toilet voids during **bedtime** hours: \_\_\_

**Day Three**

C5. Date of Diary Day 3: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

C5a. Day of the week: Sunday .....1 Monday ..... 2 Tuesday ..... 3 Wednesday ..... 4  
Thursday .....5 Friday ..... 6 Saturday ..... 7

C5b. Number of accidents: \_\_\_ ACCIDENT COUNT ≥1 = FAILURE; COMPLETE FAILURE PROTOCOL

C5c. Toilet voids during **waking** hours: \_\_\_

C5d. Toilet voids during **bedtime** hours: \_\_\_

C6. Did the woman report any accidents during the 3-day Voiding Diary?

YES..... 1 → **FAILURE; COMPLETE FAILURE PROTOCOL**

NO..... 2

C7. Was the Voiding Diary completed per protocol? YES ..... 1 → **SKIP TO C8**

NO ..... 2

C7a. Was it a... Patient deviation? ..... 1

Staff deviation? ..... 2

Other type? ..... 3

C7b. Describe: \_\_\_\_\_  
\_\_\_\_\_

C8. Do you judge the Voiding Diary to be valid or invalid? Valid ..... 1 → **SKIP TO C9**

Invalid..... 2 → **MEASURE MUST BE REPEATED**

C8a. Describe why the Voiding Diary was judged to be invalid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C9. Please provide any information obtained from the patient that may have affected the interpretation of the Pad Test or Voiding Diary data:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix

<b>CONTAMINATION CODES</b>	
<b>00</b>	RETURNED, UNUSED PAD
<b>01</b>	USED PAD: NOT CONTAMINATED WITH A SUBSTANCE OTHER THAN URINE
<b>02</b>	SOAKED THROUGH WITH URINE
<b>03</b>	CONTAMINATED / BLOOD
<b>04</b>	CONTAMINATED / STOOL
<b>05</b>	SOAKED THROUGH <u>AND</u> CONTAMINATED WITH BLOOD
<b>06</b>	SOAKED THROUGH <u>AND</u> CONTAMINATED WITH STOOL
<b>07</b>	SOAKED THROUGH <u>AND</u> CONTAMINATED WITH BLOOD <u>AND</u> STOOL
<b>08</b>	CONTAMINANT UNKNOWN

<b>CODES FOR MISSING PADS</b>	
<b>10</b>	MISSING PAD: PATIENT REPORTS <b>NEVER USED</b>
<b>11</b>	MISSING PAD: PATIENT REPORTS <b>USED</b> (INVALIDATES THE TEST)