

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: _____

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: ___

Day One

C3. Date of Diary Day 1: ___ / ___ / ___

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: ___ / ___ / ___

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: ___ / ___ / ___

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

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

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