



Column 1 Pee		Column 2 Time of Pee or Leak			Column 3 Accidental Leak		
 Check Pee or Leak or Both	 Volume Voided in mL	 Time of Pee or Leak			Amount of Pee Leakage (check one if leak)		
					Small (S) 	Medium (M) 	Large (L) 
1	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
2	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
3	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
4	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
5	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
6	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
7	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
8	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
9	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
10	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
11	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
12	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
13	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
14	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
15	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
16	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
17	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
18	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
19	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
20	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
21	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
22	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
23	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
24	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L
25	<input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> B		:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L

# 1-DAY BLADDER HEALTH FREQUENCY-VOLUME DIARY

***PLEASE COMPLETE THIS DIARY AFTER  
COMPLETING THE 2-DAY DIARY***

Participant ID:

Participant ID:

**Instructions for completing diary**

The 1-Day Bladder Health Frequency-Volume Diary can be completed any time AFTER you complete the 2-Day Symptom Diary. Choose any day of the week to start the 1-day Diary and keep track for 24 hours. Because you will need to measure your urine, you may want to complete the Diary when you are mostly at home.



You will need to measure the amount you pee in milliliters (mL) using the plastic urine container you were given. Put the container in the toilet so the wings are under your toilet seat and the toilet seat will sit on top of the container. The straight part of the hat should be facing the back of the toilet. As shown in the picture, make sure the seat is down before you sit.

**TO COMPLETE THE DIARY:**

**Begin your Diary with the FIRST time you pee after you wake up from sleep.**

**Question 1:** Enter today's date.

**Question 2 & 3:** Record the time you get up for the day and the time you go to bed.

**Question 4 & 5:** Answer Yes or No for each question.

**Question 6:** During the 24 hours you are completing the diary, record all of the liquid you drink in ounces and enter the total.

**Question 7:** Answer whether this was a typical or normal day for you. If it was not, record why in the box.

**Question 8:** If you use pads for urine leakage or for protection, you should record the number and the type.

**COLUMN 1:**

- Every time you pee or if you leak urine (even a drop), please check one of the boxes; P=Peed or L=Leaked. If you both leaked urine and peed, check the box marked "B" for Both.
- Record the amount you peed in mL. After you write in the amount, you can empty the urine in the container in the toilet.




**COLUMN 2:**

- Write down the time you peed in this column and check the box for AM or PM.

**COLUMN 3:**

- If you leaked pee, check if the amount was a small (S), medium (M), or large (L) leakage.

**EXAMPLE:**

Column 1 Peed		Column 2 Time of Pee or Leak		Column 3 Accidental Leak		
			Amount of Pee Leakage (check one if leak)			
Check Pee or Leak or Both	Volume Voided in mL	Time of Pee or Leak	Small (S)	Medium (M)	Large (L)	
<input type="checkbox"/> P <input type="checkbox"/> L <input checked="" type="checkbox"/> B	250	5 : 35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> S	<input type="checkbox"/> M	<input checked="" type="checkbox"/> L	

**Please complete the following questions.**

1. Please enter today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		D	D		2	0		
						Y	Y	Y	Y

2. What time did you get up today?

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
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3. What time did you go to bed today?

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/>	AM	<input type="checkbox"/>	PM
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4. Are you breastfeeding?

Yes  
 No

5. Do you think you have a bladder infection today?

Yes  
 No

6. How much fluid did you drink today?

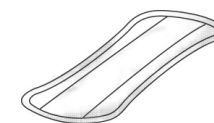
Ounces (8 ounces = 1 cup)

7. Did this represent a typical or normal day for you?

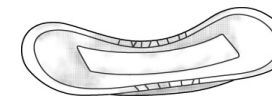
Yes, normal  
 No, worse → If no, please state what was different below:  
 No, better → If no, please state what was different below:

8. Did you use any pads for pee leaks?

Yes → If yes, please list the number of pads used today:  
 No



Pantyliners:



Maxi pads:



Pull-on/Adult Briefs with Tabs:

Participant ID: