

Study Number

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Urinary Diary

Men After Prostate Surgery

Please keep this diary to record how your bladder is functioning.

Please could you fill in the diary for the **NEXT 3 DAYS**.

Please mark a cross in the appropriate box for every time you:

- Go to the toilet to pass urine,
- Leak urine (show if it was a small, moderate or large amount),
- Change your pad, clothing or bedding due to leaking urine.

The number of crosses in each box will show how often each event occurred either during the day or after you have gone to bed at night.

For example, if you went to the toilet to pass urine 6 times during the day, but also leaked a moderate amount and changed your pad once; woke twice at night to go to the toilet to pass urine; leaked a small amount at night and changed your pyjamas and bedding, you would enter:

| Time | Day 1 | Night 1 | | |
|---|----------------|---------|---|--|
| Mark with cross each time you go to toilet to pass urine | X X X X X X | X X | | |
| Mark with cross each time you leak urine (small, moderate or large amount) | Small | | X | |
| | Moderate | X | | |
| | Large | | | |
| Mark with cross each time you change pads, clothing or bedding because they are wet | Pad | X | | |
| | Clothing | | X | |
| | Bedding | | X | |

Date today _____

| Time | | Day 1 | | Night 1 | |
|---|----------|-------|--|---------|--|
| Mark with cross each time you go to toilet to pass urine | | | | | |
| Mark with cross each time you leak urine (small, moderate or large amount) | Small | | | | |
| | Moderate | | | | |
| | Large | | | | |
| Mark with cross each time you change pads, clothing or bedding because they are wet | Pad | | | | |
| | Clothing | | | | |
| | Bedding | | | | |

Date today _____

| Time | | Day 2 | | Night 2 | |
|---|----------|-------|--|---------|--|
| Mark with cross each time you go to toilet to pass urine | | | | | |
| Mark with cross each time you leak urine (small, moderate or large amount) | Small | | | | |
| | Moderate | | | | |
| | Large | | | | |
| Mark with cross each time you change pads, clothing or bedding because they are wet | Pad | | | | |
| | Clothing | | | | |
| | Bedding | | | | |

Date today _____

| Time | | Day 3 | | Night 3 | |
|---|----------|-------|--|---------|--|
| Mark with cross each time you go to toilet to pass urine | | | | | |
| Mark with cross each time you leak urine (small, moderate or large amount) | Small | | | | |
| | Moderate | | | | |
| | Large | | | | |
| Mark with cross each time you change pads, clothing or bedding because they are wet | Pad | | | | |
| | Clothing | | | | |
| | Bedding | | | | |

Thank you very much for filling in this diary.
 Please return it in the stamped addressed envelope enclosed,
 along with your questionnaire, to the MAPS study office.

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