

Study Number

area	

site	

participant			

1

1-8



NETSCC Health Technology Assessment Programme reference 09/22/136

ISRCTN71327395

3-day Bladder diary

Please complete this diary over 3 consecutive days. If you work outside the home you should try to include at least one working day and at least one 'day off' or weekend day. We would like you to measure the amount each time you pass urine, by using a jug; if this is not possible, *e.g.* if you are away from home, please estimate the amount as small (✓), medium (✓✓) or large (✓✓✓); if you have any accidental leaks you should record these in the same way. The 'sample' line at the top shows you how to use the diary.

Start Date:

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dd

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mm

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yyyy

Time	Drinks		Visits to bathroom		Accidental leaks	Did you feel a strong urge?		What were you doing at the time? <i>Sneezing, exercising, having sex, lifting etc.</i>
	What kind?	How much?	How many times? (✓)	How much urine? (ml., fl.oz. or ✓)	How much? (✓)	Circle as appropriate		
Sample	coffee	1 mug	✓✓	250, 200	○ ✓✓ ○ sml med lge	Yes	No	running
6-7 am					○ ○ ○	Yes	No	
7-8 am					○ ○ ○	Yes	No	
8-9 am					○ ○ ○	Yes	No	
9-10 am					○ ○ ○	Yes	No	
10-11 am					○ ○ ○	Yes	No	
11-12 noon					○ ○ ○	Yes	No	
12-1 pm					○ ○ ○	Yes	No	
1-2 pm					○ ○ ○	Yes	No	
2-3 pm					○ ○ ○	Yes	No	
3-4 pm					○ ○ ○	Yes	No	
4-5 pm					○ ○ ○	Yes	No	
5-6 pm					○ ○ ○	Yes	No	
6-7 pm					○ ○ ○	Yes	No	
7-8 pm					○ ○ ○	Yes	No	
8-9 pm					○ ○ ○	Yes	No	
9-10 pm					○ ○ ○	Yes	No	
10-11 pm					○ ○ ○	Yes	No	
11-12 midnight					○ ○ ○	Yes	No	
12-1 am					○ ○ ○	Yes	No	
1-2 am					○ ○ ○	Yes	No	
2-3 am					○ ○ ○	Yes	No	
3-4 am					○ ○ ○	Yes	No	
4-5 am					○ ○ ○	Yes	No	
5-6 am					○ ○ ○	Yes	No	
24 hour total						Number of pads used today:		

24 hour totals (for office use)

How many visits to the bathroom:	Daytime	<table border="1"><tr><td> </td><td> </td></tr></table>			Night time	<table border="1"><tr><td> </td><td> </td></tr></table>			17-20							
How much urine:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> ml					<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> fl oz					<table border="1"><tr><td> </td><td> </td></tr></table> No. of ✓			21-29		
Accidental leaks (no. of episodes):	<table border="1"><tr><td> </td><td> </td></tr></table>			Small	<table border="1"><tr><td> </td><td> </td></tr></table>			Medium	<table border="1"><tr><td> </td><td> </td></tr></table>			Large	<table border="1"><tr><td> </td><td> </td></tr></table>			30-37
Number of pads:	<table border="1"><tr><td> </td><td> </td></tr></table>						38-39									

Second day:

dd mm yyyy

Time	Drinks		Visits to bathroom		Accidental leaks	Did you feel a strong urge?		What were you doing at the time? <i>Sneezing, exercising, having sex, lifting etc.</i>
	What kind?	How much?	How many times? (✓)	How much urine? (ml., fl.oz. or ✓)	How much? (✓)	Circle as appropriate		
Sample	coffee	1 mug	✓✓	250, 200	<input type="radio"/> sml <input checked="" type="radio"/> med <input type="radio"/> lge	Yes	No	running
6-7 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
7-8 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
8-9 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
9-10 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
10-11 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
11-12 noon					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
12-1 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
1-2 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
2-3 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
3-4 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
4-5 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
5-6 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
6-7 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
7-8 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
8-9 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
9-10 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
10-11 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
11-12 midnight					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
12-1 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
1-2 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
2-3 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
3-4 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
4-5 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
5-6 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
24 hour total						Number of pads used today:		

24 hour totals (for office use)

How many visits to the bathroom:	Daytime	<input type="text"/> <input type="text"/>	Night time	<input type="text"/> <input type="text"/>
How much urine:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ml	<input type="text"/> <input type="text"/> <input type="text"/>	fl oz <input type="text"/> <input type="text"/> No. of ✓
Accidental leaks (no. of episodes):	<input type="text"/> <input type="text"/>	Small	<input type="text"/> <input type="text"/>	Medium <input type="text"/> <input type="text"/> Large <input type="text"/> <input type="text"/>
Number of pads:	<input type="text"/> <input type="text"/>			

48-51

52-60

61-68

69-70

Third day:

dd

mm

yyyy

9-16

Time	Drinks		Visits to bathroom		Accidental leaks	Did you feel a strong urge?		What were you doing at the time?
	What kind?	How much?	How many times? (✓)	How much urine? (ml, fl.oz. or ✓)	How much? (✓)	Circle as appropriate		Sneezing, exercising, having sex, lifting etc.
Sample	coffee	1 mug	✓✓	250, 200	<input type="radio"/> sml <input checked="" type="radio"/> med <input type="radio"/> lge	Yes	No	running
6-7 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
7-8 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
8-9 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
9-10 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
10-11 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
11-12 noon					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
12-1 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
1-2 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
2-3 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
3-4 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
4-5 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
5-6 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
6-7 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
7-8 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
8-9 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
9-10 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
10-11 pm					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
11-12 midnight					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
12-1 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
1-2 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
2-3 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
3-4 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
4-5 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
5-6 am					<input type="radio"/> <input type="radio"/> <input type="radio"/>	Yes	No	
24 hour total						Number of pads used today:		

24 hour totals (for office use)

How many visits to the bathroom:	Daytime <input type="text"/> <input type="text"/>	Night time <input type="text"/> <input type="text"/>	
How much urine:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ml	<input type="text"/> <input type="text"/> fl oz	<input type="text"/> <input type="text"/> No. of ✓
Accidental leaks (no. of episodes): <input type="text"/> <input type="text"/>	Small <input type="text"/> <input type="text"/>	Medium <input type="text"/> <input type="text"/>	Large <input type="text"/> <input type="text"/>
Number of pads:	<input type="text"/> <input type="text"/>		

17-20

21-29

30-37

38-39