Remember to bring a completed diary with you to each visit!

Control OAB Trial

3 Day (72 Hour) Bladder Diary & Instructions

Subject ID

_ _ _ - _ _ _

HOLOGIC® The Science of Sure

OVERVIEW AND INSTRUCTIONS

How does the Bladder Diary work?

You will use your bladder diary to record:

1. How often you urinate in the toilet.
2. How often you have an involuntary release of urine / leak (incontinence).
3. What level of urgency (bladder sensation score) you experience.
4. The amount (volume) that you urinate on one of the three days.

- You will record these items for **three days in a row (72 consecutive hours)** and bring your completed diary with you to your trial doctor's office for your visit
- Your days start when you get out of bed **and** stay up for the day
- Your days end when you document the last time you urinated before you get out of bed and stay up to start your next day
  - Should you urinate (in the toilet or as a leak) at any time while you're in bed during the night and you don't then stay up to start your day, that event should be recorded on the day that it was when you went to bed

How do I prepare?

You should pick three days that you expect to be typical and similar in nature:

✓ You will wake up at about the same time each day

✓ You will be in the same location each day (e.g. at home, at work, or at any other location you're familiar with)

✓ You will **not** be menstruating

✓ You will **not** have any unusual situations that may change your normal drinking and bathroom habits (i.e. you're not traveling or attending a big event such as a wedding, party, or conference)

✓ You should try to use the same days of the week (e.g. Monday, Tuesday, Wednesday) for each diary in the study

How do I measure and record volume?

For each bladder diary, the amount you urinate (volume) is documented on **one** of the three days. Here's how you measure:

1. Place your urine collection "hat" in your toilet under the toilet seat.
2. After urinating, pour the urine collected in the "hat" into the provided measuring beaker.
3. Record the amount (volume in mL) in the grey-shaded **Volume Collected** column in your diary.
4. Dump the urine into the toilet, flush, and make sure your urine collection "hat" is ready for your next urination.

If you are unable to collect any urine for an event, that's okay! Just leave the column blank for the event. You should **not** provide an estimated amount.

What supplies will I be given?

- This paper diary will be provided to you at every visit for recording your diary information
- A collection "hat" and beaker will be provided to you at the beginning of the study to use throughout; if these items break or are lost, ask your doctor's office for a replacement

OVERVIEW AND INSTRUCTIONS

How do I fill out my Bladder Diary?

1. Record the **time** of each urination and/or involuntary release or leaking of urine (incontinence) event.
2. Circle your **Bladder Sensation Score** for each urination and involuntary release or leaking or urine (incontinence) event using the **Bladder Sensation Score Guide** below.
3. Mark 'Yes' or 'No' for whether each urination or involuntary release or leaking of urine (incontinence) **woke you from sleep.**
4. Mark 'Yes' or 'No' for whether or not you had an **involuntary release or leaking of urine (incontinence).**
    - A 'Yes' response here must **ALWAYS** be reported with a Bladder Sensation Score of either a 0 = No Urge for a Stress Leak or a 4 = Urgency Leak for an Urgency Leak.
5. Mark 'Yes' or 'No' for whether or not you **urinated in the toilet or collection "hat"**. You should answer 'Yes' even if the event started as a leak before you were able to arrive at the toilet.
6. Use the provided **Optional Notes** section for any additional information you think your doctor should know.

On your chosen volume collection day, you'll also answer the two questions in the shaded columns for each event:

1. Mark 'Yes' or 'No' for whether you were you **able to collect any urine for each event.** You should answer 'Yes' even if the event started as a leak before you were able to arrive at the toilet.
2. In the **Volume Collected** column, record the volume (ml) you collected using your "hat" and beaker. If you were unable to collect any urine for an event, that's okay! Just leave the column blank for the event. You **should not** provide an estimated volume.

Bladder Sensation Score Guide (0-4)

Score	Sensation	Description
0	No Urge (with or without a stress leak)	I did not have the sensation of needing to pass urine, but I passed urine for other reasons. This includes an involuntary release or leak of urine due to **stress incontinence** (a leak that is due to physical movement or activity) before arriving at the toilet.
1	Normal Urge	I had a normal desire to pass urine and could postpone it for as long as needed without fear of wetting myself.
2	Strong Urge	I had a normal desire to pass urine and could postpone it for a short while without fear of wetting myself.
3	Urgency	I had a sudden need to pass urine and had to rush to the toilet, but I did **NOT** have an involuntary release or leak of urine of any type (stress or urge incontinence) before arriving at the toilet.
4	Urgency Leak	I had a sudden need to pass urine and I **DID** have an involuntary release or leak of urine due to **urge incontinence** (a leak that is not due to physical movement or activity) before arriving at the toilet.

OVERVIEW AND INSTRUCTIONS

Important definitions

URINATE: the passing of urine in the toilet or urine collection "hat"

INCONTINENCE: the involuntary release or leaking of urine not in the toilet or urine collection "hat"; can be urge or stress related (see below)

- **STRESS INCONTINENCE (STRESS LEAK):** the involuntary release or leaking of urine that does not occur with the sensation of needing to pass and **is due to physical movement or activity** such as coughing, laughing, sneezing, running, lifting (Score of 0)
- **URGE:** the normal desire to pass urine (Score of either 1 or 2 depending on intensity)
- **URGENCY:** the sudden, intense need to pass urine that is very hard or impossible to ignore (Score of 3)
- **URGE INCONTINENCE (URGENCY LEAK):** the sudden, intense need to pass urine occurring with or immediately before an involuntary release or leaking of urine that **is not due to physical movement or activity** (Score of 4)

FIRST 24 HOURS - DAY 1

Day of the Week (circle): S M T W Th F S   Date: __ / __ / ____   Subject ID: _ _ _ - _ _ _

Record the time you got out of bed and stayed up for the day: ____ A.M. | P.M. (circle)

Answers to the two questions in these shaded columns are only required on your one chosen urine collection day.

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this event.
1	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
2	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
3	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
4	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
5	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
6	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:
_ _ _ - _ _ _ _

FIRST 24 HOURS - DAY 1 - CONTINUED

If needed, use this page to continue entering your episodes in your first 24-hour period (day 1).

If not needed, skip to page 5 to begin your second 24-hour period (day 2).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
7	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
8	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
9	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
10	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
11	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
12	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID: ___-___

FIRST 24 HOURS - DAY 1 - CONTINUED

If needed, use this page to continue entering your episodes in your first 24-hour period (day 1).

If not needed, skip to page 5 to begin your second 24-hour period (day 2).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
13	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
14	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
15	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
16	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
17	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
18	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:

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FIRST 24 HOURS - DAY 1 - CONTINUED

If needed, use this page to continue entering your episodes in your first 24-hour period (day 1).

If not needed, skip to page 5 to begin your second 24-hour period (day 2).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
19	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
20	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Optional Notes for first 24-hour period (day 1)

BETTER

SECOND 24 HOURS - DAY 2

Day of the Week (circle): S M T W Th F S   Date: __ / __ / ____   Subject ID: _ _ _ - _ _ _

Record the time you got out of bed and stayed up for the day: ____ A.M. | P.M. (circle)

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
1	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
2	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
3	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
4	_ _ _ _ A.M P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
5	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
6	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:
___-___

SECOND 24 HOURS - DAY 2 - CONTINUED

If needed, use this page to continue entering your episodes in your second 24-hour period (day 2).

If not needed, skip to page 9 to begin your third 24-hour period (day 3).

Answers to the two questions in these shaded columns are only required on your one chosen urine collection day.

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat"(even if it started as a leak)?	Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
7	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
8	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
9	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
10	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
11	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
12	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:

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SECOND 24 HOURS - DAY 2 - CONTINUED

If needed, use this page to continue entering your episodes in your second 24-hour period (day 2).

If not needed, skip to page 9 to begin your third 24-hour period (day 3).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
13	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
14	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
15	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
16	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
17	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
18	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

BETTER

Subject ID:

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SECOND 24 HOURS - DAY 2 - CONTINUED

If needed, use this page to continue entering your episodes in your second 24-hour period (day 2).

If not needed, skip to page 9 to begin your third 24-hour period (day 3).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
19	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
20	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Optional Notes for second 24-hour period (day 2)

THIRD 24 HOURS - DAY 3

Day of the Week (circle): S M T W Th F S Date: __ / __ / ____ Subject ID: _ _ _ - _ _ _

Record the time you got out of bed and stayed up for the day: ____ A.M. | P.M. (circle)

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
1	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
2	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
3	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
4	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
5	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
6	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:

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THIRD 24 HOURS - DAY 3 - CONTINUED

If needed, use this page to continue entering your episodes in your third 24-hour period (day 3).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
7	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
8	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
9	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
10	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
11	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
12	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

BETTER

Subject ID:

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THIRD 24 HOURS - DAY 3 - CONTINUED

If needed, use this page to continue entering your episodes in your third 24-hour period (day 3).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
13	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
14	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
15	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
16	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
17	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
18	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

BETTER

Subject ID:
___-___

THIRD 24 HOURS - DAY 3 - CONTINUED

If needed, use this page to continue entering your episodes in your third 24-hour period (day 3).

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat"(even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
19	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
20	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Optional Notes for third 24-hour period (day 3)

Subject ID:

_ _ _ - _ _ _

ADDITIONAL EVENTS FIRST 24 HOURS

Optional: only use if needed

Day of the Week (circle): S M T W Th F S **Date: __ / __ / ____**

Answers to the two questions in these shaded columns are only required on your one chosen urine collection day.

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
21	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
22	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
23	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
24	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
25	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
26	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

BETTER

Subject ID:

___ - ___

ADDITIONAL EVENTS SECOND 24 HOURS

Optional: only use if needed

Day of the Week (circle): S M T W Th F S **Date: __ / __ / ____**

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
21	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
22	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
23	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
24	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
25	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
26	____ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Subject ID:

_ _ _ - _ _ _ _

ADDITIONAL EVENTS THIRD 24 HOURS

Optional: only use if needed

Day of the Week (circle): S M T W Th F S **Date: __ / __ / ____**

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle One) 0 = No Urge 1 = Normal Urge 2 = Strong Urge 3 = Urgency 4 = Urgency Leak	Did this urination wake you from sleep?	Did you have an involuntary release or leaking of urine (incontinence)? All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak	Were you able to urinate in the toilet / "hat" (even if it started as a leak)?	Answers to the two questions in these shaded columns are only required on your one chosen urine collection day. Were you able to collect any urine for this event, even if you had a leak?	Volume Collected (ml) If you answered 'no' to the previous question, this column should be left blank for this entry.
21	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
22	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
23	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
24	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
25	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
26	_ _ _ _ A.M. P.M.	0 1 2 3 4	☐ Yes ☐ No	☐ Yes - A lot ☐ Yes - A little ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	