



Control OAB Trial

Jackie's Scenario

Sample Completed 3 Day
(72 Hour) Bladder Diary with Completion Hints

Follow the events of Jackie's life below and view her example completed bladder diary to see how to correctly document these events. Events with special hints are marked with a star. ★

Jackie is an fictional study participant. Her life events and diary have been provided to help you in completing your own diary.



Jackie decides to begin her bladder diary on Monday, February 7. She will finish her diary after Wednesday, February 9. She chose these three days because she will either be at home or working the same hours each day. She decides to make Tuesday her volume collection day.



Jackie gets in bed at 9:30 P.M. on Sunday, February 6 and falls asleep. She wakes up at 2:30 A.M. to use the bathroom after a normal urge and returns to sleep.

★ She does not need to record this event because it occurred before she got out of bed to start her day on Monday.



Jackie's alarm sounds at 6:00 A.M. and she gets out of bed to start her day at 6:15 A.M. She has a normal urge and immediately uses the toilet. This is her first documented event in her bladder diary.



Jackie arrives at work at 7:30 A.M. and is talking with her coworker when she has urgency. She rushes to use the toilet at 7:55 A.M. but has a small urgency leak (urge incontinence) before arriving to finish urinating in the toilet.

★ She answers 'Yes' to 'Were you able to urinate in the toilet/"hat"' (even if it started as a leak)?' because although she experienced a small urgency leak (incontinence), she was able to make it to the toilet immediately to finish the same event.



Throughout her workday, Jackie has several strong urges and urgency but was able to make it to the toilet successfully without any leaks (incontinence) three times (9:15 A.M., 10:50 A.M., and 2:00 P.M.).



During her lunch break at 12:15 P.M. Jackie experiences urgency while stuck in line waiting for her order. She has a small urgency leak (urge incontinence).

FIRST 24 HOURS - DAY 1

Day of the Week (circle): S M W Th F S Date: 02 / 07 / 2022 Subject ID: ___ - ___ - ___

Record the time you got out of bed and stayed up for the day: 6:15 A.M. | P.M. (circle)

	Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle <u>One</u>) 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)? <small>All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak (Urge Leak)</small>	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 <u>one</u> 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 event.
1	<u>6:15</u> <u>A.M.</u> P.M.	0 <u>1</u> 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<u>7:55</u> <u>A.M.</u> P.M.	0 1 2 3 <u>4</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<u>9:15</u> <u>A.M.</u> P.M.	0 1 2 <u>3</u> 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<u>10:50</u> <u>A.M.</u> P.M.	0 1 <u>2</u> 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<u>12:15</u> A.M. <u>P.M.</u>	0 1 2 3 <u>4</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<u>2:00</u> A.M. <u>P.M.</u>	0 1 2 <u>3</u> 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Jackie's Scenario: Sample Completed 3 Day (72 Hour) Bladder Diary with Completion Hints



Jackie arrives home from work at 5:00 P.M. She has a strong urge and uses the toilet without a leak.

She goes for an evening walk with her dog. Towards the end of the walk at 5:25 P.M. she realizes she has had a leak due to the movement of walking quickly after her dog (stress incontinence). She did not experience any urge or urgency.



- ★ She records this event with a bladder sensation score of '0' because she did not experience any urge before the leak and the leak was caused by the movement of the walk.
- ★ She answers 'Yes' to 'Did you have an involuntary release or leaking of urine (incontinence)?' because she had a stress leak (incontinence).



Jackie gets in bed at 8:00 P.M. While still awake at 9:00 P.M., she has urgency to urinate and gets up to use the toilet. While on her way to the bathroom, she has a small urgency leak (urge incontinence) but finishes in the toilet. She gets back in bed and falls asleep at 9:45 P.M.

At 1:20 A.M. Jackie is awakened by her dog needing to go outside. Since she's already awake and out of bed, she uses the toilet with a normal urge. She returns to bed and goes back to sleep.



- ★ She records the event on Monday because it occurred before she had gotten out of bed to start her day on Tuesday.
- ★ She answers 'No' to 'Did this urination wake you from sleep?' because, although she was in bed, it was not the urgency that woke her up, it was her dog.



Jackie is awakened by urgency at 4:12 A.M. She gets up out of bed and uses the toilet without a leak (incontinence). She then returns to bed and goes back to sleep.

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 the 'Second 24 Hours' page to begin your second 24-hour period (day 2).

Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle <u>One</u>) 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 (Urge 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 5:00 A.M. (P.M.)	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8 5:25 A.M. (P.M.)	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 9:00 A.M. (P.M.)	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10 1:20 A.M. P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11 4:12 A.M. P.M.	0 1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12 A.M. P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Jackie's Scenario: Sample Completed 3 Day (72 Hour) Bladder Diary with Completion Hints



Jackie's alarm clock rings at 6:00 A.M. and she gets up to start her day. She has urgency and uses her collection "hat" on the toilet at 6:10 A.M.. This is her first documented event on day two (Tuesday) in her bladder diary. This is also her selected volume collection day.



Jackie's day at work is similar to her Monday. She has brought her "hat" and beaker with her to collect and measure her urine volume. Jackie urinates in her "hat" in the toilet three times (8:35 A.M., 10:00 A.M., and 11:40 A.M.) after both normal and strong urges without any leaks (incontinence).



Jackie eats lunch with a friend today. During lunch (1:30 P.M.) she and her friend are laughing and Jackie has a small stress leak (stress incontinence) due to the force of her laugh. She had no urge or urgency prior to leak.

- ★ She records this event with a bladder sensation score of '0' because she did not experience any urge or urgency before the leak (stress incontinence). The leak was caused by her laugh.
- ★ She answers 'Yes' to 'Did you have an involuntary release or leaking of urine (incontinence)?' because she had a stress leak (stress incontinence).

She has a complete urge leak (urge incontinence) at 3:45 P.M. when she is unable to get to the toilet quickly enough after experiencing urgency while at a store on her way home. She immediately leaves and does not use the toilet.



- ★ She records this event with a bladder sensation score of '4' because she did not experience urgency before the urgency leak (urge incontinence).
- ★ She answers 'No' to 'Were you able to collect any urine for this event, even if you had a leak?' because she doesn't collect any urine.
- ★ She leaves the Volume Collected column blank since she was unable to collect any urine due to the leak. She does not need to estimate the volume she may have urinated.

SECOND 24 HOURS - DAY 2

Day of the Week (circle): S M T W Th F S Date: 02 / 08 / 2022 Subject ID: _____

Record the time you got out of bed and stayed up for the day: 6:00 A.M. | P.M. (circle)

Event #	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)? <small>All 'Yes' answers MUST be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak (Urge Leak)</small>	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) <small>If you answered 'no' to the previous question, this column should be left blank for this entry.</small>
1	<u>6:10</u> <u>A.M.</u> P.M.	0 1 2 <u>3</u> 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	375
2	<u>8:35</u> <u>A.M.</u> P.M.	0 <u>1</u> 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	220
3	<u>10:00</u> <u>A.M.</u> P.M.	0 1 2 <u>3</u> 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	165
4	<u>11:40</u> <u>A.M.</u> P.M.	0 1 2 <u>3</u> 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	205
5	<u>1:30</u> A.M. <u>P.M.</u>	<u>0</u> 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6	<u>3:45</u> A.M. <u>P.M.</u>	0 1 2 3 <u>4</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Jackie's Scenario: Sample Completed 3 Day (72 Hour) Bladder Diary with Completion Hints

Once home at 4:40 P.M., Jackie urinates in the toilet with a normal urge. However, she forgot to put her collection "hat" back in the toilet and is unable to collect any urine for this event.



- ★ She answers 'No' to 'Were you able to collect any urine for this event, even if you had a leak?' because she's unable to collect any urine due to the missing "hat".
- ★ She leaves the Volume Collected column blank since she was unable to collect any urine due to her missing 'hat'. She does not need to estimate the volume she may have urinated.

She falls asleep while watching TV around 7:00 P.M. and is awakened by urgency at 7:25 P.M. She rushes to the toilet and urinates 170 ml in her collection "hat" after having a small urgency leak (urge incontinence).



- ★ She answers 'Yes' to 'Did this urination wake you from sleep?' because she was asleep and it was urgency that caused her to wake up.
- ★ She records this event with a bladder sensation score of '4' because she had urgency before the leak (urge incontinence).
- ★ She only documents the 170 ml of urine she is able to collect. She does not estimate what she may have lost during the leak prior to collecting in her "hat".

Jackie gets ready for bed at 8:45 P.M. She uses the toilet with her collection "hat" at 8:52 P.M. after a normal urge right before getting in bed. She falls asleep around 9:30 P.M.



At 5:40 A.M., Jackie is awakened by urgency. She gets up to use the toilet with her collection "hat" and returns to bed. She struggles to go back to sleep and ends up staying awake in bed until her alarm sounds.



- ★ She records this event on Tuesday because even though she didn't go back to sleep, the event still occurred before she was ready to get up start her Wednesday.

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 the 'Second 24 Hours' page to begin your third 24-hour period (day 3).

Time (Circle A.M. or P.M.)	Bladder Sensation Score (Circle <u>One</u>) 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 <u>MUST</u> be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak (Urge 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 <u>one</u> 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 <u>4:40</u> A.M. (P.M.)	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 <u>7:25</u> A.M. (P.M.)	0 1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	170
9 <u>8:52</u> A.M. (P.M.)	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	290
10 <u>5:40</u> (A.M.) P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	325
11 ---- A.M. P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12 ---- A.M. P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Jackie's Scenario: Sample Completed 3 Day (72 Hour) Bladder Diary with Completion Hints



Jackie urinates in the toilet with a normal urge immediately after getting up at 6:15 A.M. This is her first documented event on day three (Wednesday) in her bladder diary.

Jackie is at work on the phone with a customer around 8:20 A.M. when she has urgency. The urgency is strong but she tries to finish the call before going to the bathroom. She has a small urgency leak (urge incontinence) before she arrives at the toilet.



- ★ She records this event with a bladder sensation score of '4' because she did experience urgency before the leak.
- ★ She answers 'Yes' to 'Did you have an involuntary release or leaking or urine (incontinence)?' because she did have an urgency leak (urge incontinence) before arriving at the bathroom.



Jackie's day at work is similar to her previous days. Throughout the workday, Jackie urinates three additional times. She is able to urinate in the toilet two of the three times (11:00 A.M. and 3:15 P.M.) but does have a small urgency leak (urge incontinence) in the afternoon (2:05 P.M.) before finishing in the toilet.

While driving home at 5:05 P.M., Jackie has a stress leak (stress incontinence) from a sneeze. She did not have any urgency prior to the leak.



- ★ She records this event with a bladder sensation score of '0' because she did not experience any urgency before the leak.
- ★ She answers 'Yes' to 'Did you have an involuntary release or leaking or urine (incontinence)?' because she did have a stress leak (stress incontinence) as a result of her sneeze.

THIRD 24 HOURS - DAY 3

Day of the Week (circle): S M T W Th F S

Date: 02/09/2022

Subject ID: _____

Record the time you got out of bed and stayed up for the day: 6:15 A.M. | P.M. (circle)

Event #	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 <u>MUST</u> be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak (Urge 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 first 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	<u>6:15</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<u>8:20</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<u>11:00</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<u>2:05</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	<u>3:15</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	<u>5:05</u> A.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Jackie's Scenario: Sample Completed 3 Day (72 Hour) Bladder Diary with Completion Hints



Jackie arrives home at 5:15 P.M. and uses the toilet with normal urge.

Jackie goes on a walk with a friend and her dog. As she is arriving back home, she has a small leak (urge incontinence) at 6:15 P.M. after experiencing urgency. She hurries inside and finishes urinating in the toilet.



- ★ She records this event with a bladder sensation score of '4' because she did experience urgency before the leak (urge incontinence).
- ★ She answers 'Yes' to 'Did you have an involuntary release or leaking or urine (incontinence)?' and 'Yes' to 'Were you able to urinate in the toilet/"hat"' (even if it started as a leak)?' because she was able to finish in the toilet.



Jackie sits down to read and falls asleep. She is awakened at 8:50 P.M. by urgency. She gets up and uses the toilet without a leak.

- ★ She answers 'Yes' to 'Did this urination wake you from sleep?' because urgency woke her up from her nap.



She uses the toilet after a strong urge at 10:00 P.M. before getting into bed. She falls asleep around 10:30 P.M.



Jackie is awakened at 5:15 P.M. by urgency. She gets out of bed to use the toilet and returns to bed but doesn't go back to sleep. She gets up to start her Thursday at 6:20 A.M. and uses the toilet after a strong urge.

- ★ She records the 5:15 A.M. event on Wednesday because, although she didn't go back to sleep, it occurs before she has gotten up to start her day on Thursday.
- ★ She does not record the 6:20 A.M. event because it occurs after she has gotten up to start her Thursday, which marks the end of her diary.

THIRD 24 HOURS - DAY 3 - CONTINUED

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

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 <u>MUST</u> be paired with a bladder sensation score of 0 = No Urge (Stress Leak) or 4 = Urgency Leak (Urge 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 <u>one</u> 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	5:15 --- A.M. (P.M.)	0 1 2 3 4 0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	6:15 --- A.M. (P.M.)	0 1 2 3 4 0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input checked="" type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	8:50 --- A.M. (P.M.)	0 1 2 3 4 0 1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	10:00 --- A.M. (P.M.)	0 1 2 3 4 0 1 2 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	5:15 --- (A.M.) P.M.	0 1 2 3 4 0 1 2 3 4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	--- A.M. P.M.	0 1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - A lot <input type="checkbox"/> Yes - A little <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	