

Voiding Diary for 7 Consecutive Days

For "Leak Volume"
Please Indicate: 1 = Few Drops 2 = Soaked 3 = Bladder Emptied

Patient ID#: _____

Sample Entry

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
	Date:		Date:		Date:		Date:		Date:		Date:		Date:		
Time	Leak Volume	Void	Leak Volume	Void	Leak Volume	Void	Leak Volume	Void	Leak Volume	Void	Leak Volume	Void	Leak Volume	Void	Time
12am - 4:59am	1	✓, ✓		✓	2	✓	1, 1		1, 1	✓	2	✓	1, 1		12am - 4:59am
5am - 5:59am	2, 1	✓	1, 1	✓, ✓	1	✓	2, 1	✓	2, 2	✓	1	✓	1		5am - 5:59am
12am - 4:59am															12am - 4:59am
5am - 5:59am															5am - 5:59am
6am - 6:59am															6am - 6:59am
7am - 7:59am															7am - 7:59am
8am - 8:59am															8am - 8:59am
9am - 9:59am															9am - 9:59am
10am - 10:59am															10am - 10:59am
11am - 11:59am															11am - 11:59am
12pm - 12:59pm															12pm - 12:59pm
1pm - 1:59pm															1pm - 1:59pm
2pm - 2:59pm															2pm - 2:59pm
3pm - 3:59pm															3pm - 3:59pm
4pm - 4:59pm															4pm - 4:59pm
5pm - 5:59pm															5pm - 5:59pm
6pm - 6:59pm															6pm - 6:59pm
7pm - 7:59pm															7pm - 7:59pm
8pm - 8:59pm															8pm - 8:59pm
9pm - 9:59pm															9pm - 9:59pm
10pm - 10:59pm															10pm - 10:59pm
11pm - 11:59pm															11pm - 11:59pm
Pads Used/Day															Pads Used/Day

For Study Coordinator Use Only:	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____	1 = _____ 2 = _____ 3 = _____ V/D = _____ P/D = _____
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Investigator's Signature: _____ Completed per instructions? Yes No: Explain _____ Source Document # A7

What to Expect During Your Next Visit

- Submit signed Informed Consent form
- History and physical exam
- Urine sample
- Complete patient questionnaires
- Bladder performance test (Urodynamics)
- Review and collect your 7-Day Voiding Diary
- Cough test
- Discuss any changes in medications
- Visual examination of the bladder (Cystoscopy)
- Study entry decision
- Balloon placement/removal/exchange
approximate appointment time: _____ minutes

We look forward to seeing you during your next visit. If we can improve the experience of your participation, please tell us.

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Important Reminders

- 1 Your next scheduled visit is on:
Date: _____ **Time:** _____
- 2 If you are scheduled for a visual examination of the bladder (Cystoscopy), begin taking your prescribed antibiotics twice daily 24 hours prior to your scheduled visit to minimize the potential of a urinary tract infection.
- 3 Please complete your 7 Day Voiding Diary and bring to your next scheduled visit. The data from your Voiding Diary is essential information that needs to be collected for the purpose of monitoring changes to your voiding habits throughout the duration of the study.

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What to Expect
During Your Next Visit

— AND —

Appointment
Reminder Card
Inside



Sample Completed Chart for One Day

Time	Day 1	
	Date: September 1, 2014	
	Leak Volume	Void
12am – 4:59am		✓✓✓✓
5am – 5:59am		
6am – 6:59am		
7am – 7:59am		✓
8am – 8:59am		
9am – 9:59am	1, 2	
10am – 10:59am		
11am – 11:59am		
12pm – 12:59pm		
1pm – 1:59pm		
2pm – 2:59pm		
3pm – 3:59pm	3, 1, 1	✓
4pm – 4:59pm		
5pm – 5:59pm		
6pm – 6:59pm		
7pm – 7:59pm		
8pm – 8:59pm		✓✓
9pm – 9:59pm	2	
10pm – 10:59pm		
11pm – 11:59pm		✓
Pads Used/Day	✓✓✓✓✓	

The VESICAL Clinical Trial Voiding Diary

Instructions

- A. This diary is to be completed for seven (7) consecutive days prior to your next scheduled visit.** Begin recording your voiding, leakage episodes, and pads used per day, within two weeks of next scheduled appointment.
- B. At the time you experience an accidental leakage of urine, rate the episode as follows in the **Leak Volume** column:**

1 = Few Drops

2 = Soaked

3 = Bladder Emptied

If you have several accidents during an hour, please record each incident. If you do not leak during an hour, leave blank.

- C. In the **Void** column, place a check mark (✓) each time you urinate in the toilet during the time period.** If you void more than once during the time period, record each void. If you don't void during the time period, leave blank.
- D. At the bottom of each day's chart, place a check mark (✓) each time you change your pad.**

If you have any questions, please contact the Investigator or Study Coordinator conducting this study.