Bladder diary day # ___ **date __/__/____ (mm/dd/yyyy)**

- Please fill out for all urination episodes beginning with when you wake up, up until the next day when you wake up. **Use the back if necessary**
- Please also circle time when you went to bed, and when you woke up, for each day.
- Follow the example as a guide

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

Participant Identifier _____ study drug group _____

Data entry initials _____ Data entry date _____

TIME	AMOUNT VOIDED	ACTIVITY	LEAK VOLUME (circle)	URGE PRESENT (circle)	AMOUNT/TYPE OF INTAKE
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	
			0 1 2 3	Yes / No	

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