

# Project A: Voiding/Intake Diary

## A: Project A: Voiding/Intake Diary

1	Did the participant complete a voiding and intake diary?				<input type="radio"/> Yes, completed paper diary <input type="radio"/> Yes, completed Vesica diary <input type="radio"/> No → <b>Go to B1</b>				
2	If yes, please enter the following information from the voiding/intake diary:								
Date of entry:	Time of entry:	Is this an entry in which the participant woke up?	Is this an entry in which the participant went to bed?	Drink amount :	Drink type:	Urine output:	Bladder sensation:	Leak (stress, urge, or unknown/other)	Is this an entry in which the participant changed pads?
		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes						<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes						<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes						<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes						<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes						<input type="radio"/> No <input type="radio"/> Yes
3	When completing the diary, did the participant avoid caffeine due to their lower urinary tract symptoms (LUTS)?				<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown				
4	When completing the diary, did the participant avoid alcohol due to their LUTS?				<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown				

## B: Questionnaire Complete

1	Questionnaire Complete	<input type="radio"/> Yes
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