

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Subak LL, Wing R, West DS, et al. Weight loss to treat urinary incontinence in overweight and obese women. *N Engl J Med* 2009;360:481-90.

Voiding Diary Instructions

How to Complete this Diary

When to start the diary:

- Begin recording information **when you get up for the day**.
- If you wake up during the night or early morning (before you get up for the next day), continue recording on the diary day that you have already started.
- Begin a new diary day each morning when you get up for the day.

How to complete the diary:

- Record the day of the week and the date you started the diary.
- Record the time when you got up for the day.
- At bedtime, record the time you went to bed for the night.
- After completing the diary day, indicate whether you recorded each time you urinated or leaked.

How to record when you urinate or leak:

1. **“TIME”** Write the time each urination occurred.
Be sure to check (✓) the AM or PM box.
 2. **“DID YOU URINATE IN THE TOILET?”** Check (✓) yes if you urinated in the toilet at all. This may or may not include leakage.
 3. **“DID YOU LEAK URINE?”** Check (✓) yes if you leaked urine of any amount.
Leakage could range from a few drops to a large accident.
- NOTE: There may be instances when you need to check (✓) Yes for #2 **AND** #3 on the same entry.
- 3a. **“REASON FOR LEAKAGE”** If you check (✓) yes on the column, “DID YOU LEAK URINE?” you should **always** indicate the **main** reason for the leakage by checking only **one** of the three boxes in the next column labeled, **“REASON FOR LEAKAGE.”**
 - “Urge”** Check (✓) this box if you leaked because you felt an urge or pressure to urinate and felt that you couldn’t make it to the bathroom on time.
 - “Stress”** Check (✓) this box if you leaked because of coughing, sneezing, laughing, lifting something heavy, moving too quickly, or other physical activity.
 - “Other”** Check (✓) this box if you had urine leakage that was not an “Urge” or “Stress” leakage.
 4. **“WHAT WERE YOU DOING WHEN YOU LEAKED?”** Please write down what you were doing at the time of this episode, for example, running, coughing, or cooking.

