

Your
Urgent[®] PC Journal

Tracking your progress

Urgent[®] PC

NEUROMODULATION SYSTEM

Congratulations for taking your first step on your Urgent PC journey. Urgent PC provides percutaneous tibial nerve stimulation (PTNS) and is used to treat Overactive Bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence. View the Urgent PC disclaimer on page 50.

Voiding diaries such as this Urgent PC journal are an important way for you and your clinician to track your progress towards your goals. The journal is separated into the following sections.

Baseline

Your clinician may ask you to chart your symptoms for 1 week before treatment to better understand the severity of your urgency, frequency and accidents.

Treatment

Urgent PC therapy consists of 12 weekly sessions, followed by a refresher treatment about once a month to maintain improvements. By tracking your symptoms you'll see when changes occur. This helps you and your clinician identify improvements and when you might need a refresher treatment. If you need additional pages, visit www.urgentpcinfo.com to download a simple voiding diary.

Record dates for your Urgent PC appointments

Using the journal

Depending on the week, the journal includes space to track either 3 or 7 days. When using a 3-day sheet, try to track consecutive days (such as Monday, Tuesday and Wednesday). Always follow your clinician's directions about what information you should complete.

Fluid Intake

Record what you drink and how many "cups" (8 oz equivalent) you drink.

Fluids		
	What did you drink?	How many cups?
Waking - 2 p.m.	COFFEE, JUICE	3 Total
2 p.m. - bedtime	WATER	2 Total

Urinations

Count your bathroom visits. Record the amount as small (S), medium (M) or large (L). Count the times you rush to the bathroom due to a strong urge that you cannot control.

Urinations																						
	How often did you go?	Amount each time?	Times rushing to the bathroom?																			
Waking - 2 p.m.		<table border="1"> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> </table>	S	M	L	S	M	L	S	M	L	S	M	L	S	M	L	S	M	L	2 Total	
S	M	L	S	M	L																	
S	M	L	S	M	L																	
S	M	L	S	M	L																	
2 p.m. - bedtime		<table border="1"> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> <tr> <td>S</td><td>M</td><td>L</td><td>S</td><td>M</td><td>L</td> </tr> </table>	S	M	L	S	M	L	S	M	L	S	M	L	S	M	L	S	M	L	3 Total	
S	M	L	S	M	L																	
S	M	L	S	M	L																	
S	M	L	S	M	L																	

Accidents

Count the number of accidents you have, the number of pads you use and how many times you change clothes. Note what you were doing at the time of the accident.

Accidents				
	How many accidents?	Pads changed?	Clothes changed?	Activity interrupted?
Waking - 2 p.m.	1 Total	1 Total	0 Total	BREAKFAST
2 p.m. - bedtime	1 Total	1 Total	1 Total	SHOPPING

Week beginning: _____

Track 7 days this week

Before

Before Urgent® PC Therapy		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 1	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week beginning: _____

Track 7 days this week

Before

Before Urgent® PC Therapy		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 4	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 5	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 6	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week beginning: _____

Track 7 days this week

Before Urgent® PC Therapy		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 7	Waking - 2 p.m.		Total	Total	S M L S M L S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	
	2 p.m. - bedtime		Total	Total	S M L S M L S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	
	Sleeping hours		Total	Total	S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	

COMPLETE BEFORE YOUR APPOINTMENT

What are your goals for OAB treatment?

- Less rushing to the bathroom
- Going less often
- No accidents
- Sleeping through night
- Voiding every _____ hours
- No leaks during intercourse
- Other: _____

What would you like to do that you can't do now?

DISCUSS WITH YOUR CLINICIAN

My OAB treatment plan

- Reduce fluids
- Increase fluids
- Diet changes _____
- Reduce caffeine
- Reduce alcohol
- Urge reduction techniques
- Pelvic floor exercises
- Void every _____ hours
- No fluids before bed
- _____
- _____
- _____

Week beginning: _____

Treatment date: _____

Week 1		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

You are not alone!
An estimated 1 out of 6 adults has urinary urgency, urinary frequency or urge incontinence.¹ And, approximately 80% of those affected by urinary incontinence can be cured or improved.²

Week beginning: _____

Treatment date: _____

Week 2		Fluids	Urinations				Accidents	
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

An extra 15 minutes
You may be able to increase the time between your bathroom visits. If you go every hour, try to wait an extra 15 minutes. With time and persistence you may be able to continue to extend the time between your bathroom breaks. This is called bladder training.

Week 2

Week beginning: _____

Treatment date: _____

Week
3

		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	

How I feel about this week:

Week 3

Food & beverage choices
 Most people know that caffeine can affect bladder function. But other culprits might be alcohol, citrus fruits, chocolate, vinegars, spicy foods, dairy products, and aspartame. Watch for triggers and modify your beverage and/or food choices.

Week beginning: _____

Treatment date: _____

Week 4		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?		Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
	Total	Total	Total	S M L	S M L	Total	Total	Total	Total

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

A gradual change
Urgent PC works over time to modify the signals used to achieve bladder control. Change doesn't happen overnight! In general, patients begin to see a reduction in their symptoms after 5-6 treatments. So, hang in there!

Week 4

Week beginning: _____

Treatment date: _____

Week 5		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?		Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total

How I feel about this week:

Kegel Exercises

Quick pumps: Do 15 reps of quick pumps, pause for 30 seconds and repeat. Aim to do 100 reps two times a day.

Contract and hold: Contract the muscle slowly and hold for 5 seconds, then release slowly. Do 25 reps two times a day.

Vary your position: Switch between lying, sitting and standing.

Week beginning: _____

Track 7 days this week

Week 6		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 1	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week beginning: _____

Track 7 days this week

Week 6		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 4	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 5	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 6	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week beginning: _____

Track 7 days this week

Week 6		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 7	Waking - 2 p.m.		Total	Total	S M L S M L S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	
	2 p.m. - bedtime		Total	Total	S M L S M L S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	
	Sleeping hours		Total	Total	S M L S M L S M L S M L S M L S M L	Total	Total	Total	Total	

COMPLETE BEFORE YOUR APPOINTMENT

Have you made progress towards your goals?

Congratulations! You are halfway through the initial series of treatments! Many patients begin to see improvement midway through but some patients take longer to respond to treatment. Talk to your clinician about any concerns you may have.

- I am going less often during the day
- I am going less often at night
- I don't have to rush to the bathroom as often when I need to go
- I don't have as many accidents
- I leak less during intercourse
- Other: _____

DISCUSS WITH YOUR CLINICIAN

My OAB treatment plan

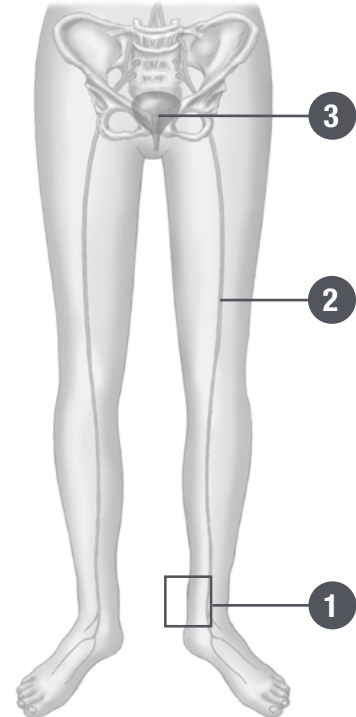
- Reduce fluids
- Increase fluids
- Diet changes _____
- Reduce caffeine
- Reduce alcohol
- Urge reduction techniques
- Pelvic floor exercises
- Void every _____ hours
- No fluids before bed
- _____
- _____
- _____

Week beginning: _____

Treatment date: _____

Week 7		Fluids	Urinations				Accidents	
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total

How Urgent PC works



1. Stimulator produces impulses which enter through needle electrode placed near ankle
2. Travel up tibial nerve in the leg
3. Reach nerves responsible for bladder control

Week beginning: _____

Treatment date: _____

Week 8		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

How are you doing?

Kegels: _____

Caffeine: _____

Bladder training: _____

Week beginning: _____

Week
9

		Fluids		Urinations				Accidents			
		How many cups?	How often did you go?	Amount each time?		Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?		
Day 1	Waking - 2 p.m.			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L						
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total	Total

Treatment date: _____

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

Things to do during your 30 minute treatment

Learn something new: Pick up a book and dig in!

Stay sharp: Pull out your Sudoku puzzle book or crossword puzzle!

Relax: Put on your headphones and take some deep breaths!

Week beginning: _____

Treatment date: _____

Week 10

		Fluids		Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?		Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	
Day 1	Waking - 2 p.m.			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total
	Sleeping hours			S M L	S M L					
		Total	Total	S M L	S M L	Total	Total	Total	Total	Total

How I feel about this week:

Week 10

Education & Resources

National Association for Continence
www.nafc.org

The Simon Foundation
www.simonfoundation.org

National Kidney and Urologic Diseases Institute
http://kidney.niddk.nih.gov

Cogentix Medical
www.urgentpcinfo.com

Week beginning: _____

Week
11

		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total		Total	Total	Total	Total	
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	
	Sleeping hours			S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	

Treatment date: _____

Compared to my symptoms before treatment:

My urgency is
Better Same Worse

My daytime frequency is
Better Same Worse

My nighttime frequency is
Better Same Worse

My accidents are
Better Same Worse

How are you doing?

Kegels: _____

Caffeine: _____

Bladder training: _____

Week 11

Week beginning: _____

Track 7 days this week

Week 12		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 1	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 2	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 3	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week 12

Week beginning: _____

Track 7 days this week

Week 12		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 4	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 5	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Day 6	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Week 12

Week beginning: _____

Track 7 days this week

Week 12		Fluids		Urinations			Accidents			
		What did you drink?	How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?	Activity Interrupted?
Day 7	Waking - 2 p.m.				S M L S M L S M L S M L S M L S M L S M L S M L					
		Total	Total	Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime				S M L S M L S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
	Sleeping hours				S M L S M L S M L S M L S M L S M L					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

COMPLETE BEFORE YOUR APPOINTMENT

Have you achieved your goals?

Congratulations! You've completed 12 Urgent PC sessions. Have you seen improvements?

- I am going less often during the day
- I am going less often at night
- I don't have to rush to the bathroom as often when I need to go
- I don't have as many accidents
- I leak less during intercourse
- I am satisfied with the results of treatment with Urgent PC
- Other: _____

Most patients need a refresher treatment about once a month to sustain improvements. Your clinician will work with you to determine a personal treatment plan that helps keep your symptoms under control.

DISCUSS WITH YOUR CLINICIAN

My OAB treatment plan

- Come back for an Urgent PC treatment in _____ weeks
- Reduce fluids
- Increase fluids
- Diet changes _____
- Reduce caffeine
- Reduce alcohol
- Urge reduction techniques
- Pelvic floor exercises
- Void every _____ hours
- No fluids before bed
- _____
- _____

Week beginning: _____

Last treatment: _____

Follow-up Week 1		Fluids	Urinations			Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total

Compared to my symptoms after my last treatment:

My urgency is
Better Same Worse*

My daytime frequency is
Better Same Worse*

My nighttime frequency is
Better Same Worse*

My accidents are
Better Same Worse*

*Talk to your clinician about what you can expect and follow-up as appropriate.

Would you like to share your Urgent PC Story?
Please visit www.urgentpcinfo.com for more information.

Week beginning: _____

Last treatment: _____

Follow-up Week 2		Fluids	Urinations			Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total

Compared to my symptoms after my last treatment:

My urgency is
Better Same Worse*

My daytime frequency is
Better Same Worse*

My nighttime frequency is
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My accidents are
Better Same Worse*

*Talk to your clinician about what you can expect and follow-up as appropriate.

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Week beginning: _____

Last treatment: _____

Follow-up Week 3		Fluids	Urinations			Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total
	Sleeping hours			S M L S M L S M L S M L S M L S M L				
		Total	Total		Total	Total	Total	Total

Compared to my symptoms after my last treatment:

My urgency is
Better Same Worse*

My daytime frequency is
Better Same Worse*

My nighttime frequency is
Better Same Worse*

My accidents are
Better Same Worse*

*Talk to your clinician about what you can expect and follow-up as appropriate.

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for more information.

Week beginning: _____

Last treatment: _____

Follow-up
Week
4

		Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?		Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
Day 2	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
Day 3	Waking - 2 p.m.			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	2 p.m. - bedtime			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total
	Sleeping hours			S M L	S M L				
		Total	Total	S M L	S M L	Total	Total	Total	Total

Compared to my symptoms after my last treatment:

My urgency is
Better Same Worse*

My daytime frequency is
Better Same Worse*

My nighttime frequency is
Better Same Worse*

My accidents are
Better Same Worse*

*Talk to your clinician about what you can expect and follow-up as appropriate.

Would you like to share your Urgent PC Story?

Please visit
www.urgentpcinfo.com
for more information.

Week beginning: _____

Last treatment: _____

Follow-up
Week
5

	Fluids	Urinations				Accidents		
		How many cups?	How often did you go?	Amount each time?	Times rushing to the bathroom?	How many accidents?	Pads changed?	Clothes changed?
Day 1	Waking - 2 p.m.			S M L S M L S M L S M L S M L S M L S M L S M L				
		Total	Total	Total	Total	Total	Total	Total
	2 p.m. - bedtime			S M L S M L S M L S M L S M L S M L S M L S M L				
	Total	Total	Total	Total	Total	Total	Total	Total
Sleeping hours			S M L S M L S M L S M L S M L S M L					
Total	Total	Total	Total	Total	Total	Total	Total	Total

Compared to my symptoms after my last treatment:

My urgency is
Better Same Worse*

My daytime frequency is
Better Same Worse*

My nighttime frequency is
Better Same Worse*

My accidents are
Better Same Worse*

*Talk to your clinician about what you can expect and follow-up as appropriate.

Day 1

Day 2

Day 3

Follow-up

Congratulations!
You've reached the end of this journal. We hope that your Urgent PC journey has been positive. To continue to track your symptoms, visit www.urgentpcinfo.com to download a simple voiding diary.

Notes:

1. Stewart, W.F., Rooyen, J.B.V., Cundiff, G.W., Abrams, P., Herzog, A.R., Corey, R., et al. (2003). Prevalence and burden of overactive bladder in the United States. *World J Urol*, 20, 327-336.
2. www.nafc.org/bladder-bowel-health

Urgent® PC Disclaimer:

CONTRAINDICATIONS: Treatment with Urgent PC is contraindicated for patients with pacemakers or implantable defibrillators, patients prone to excessive bleeding, patients with nerve damage that could impact either percutaneous tibial nerve or pelvic floor function, or patients who are pregnant or planning to become pregnant during the duration of the treatment.

PRECAUTIONS: Exercise caution for patients with heart problems related to pacing. Most patients don't experience side-effects. If side-effects occur, they are typically temporary and include mild pain and skin inflammation near the treatment site.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. For complete instructions for use, storage, warnings, indications, contraindications, precautions, adverse reactions and disclaimer of warranties, please refer to the insert accompanying each Urgent PC product or online at www.cogentixmedical.com.

Beginning Urgent® PC Therapy

Therapy starts with 12, 30-minute treatments about a week apart. You may begin to see results after 5-6 treatments but some patients respond sooner, later, or not at all. If treatment is successful, you may need occasional treatments to keep your symptoms under control.

Session	Appointment	Notes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Follow-up Visit		Schedule 3-4 weeks after 12th treatment

Therapy Provider: _____

Provider Phone: _____

Clinic Information:

Cogentix Medical

TEL 866.258.2182

FAX 866.255.4522

WWW www.urgentpcinfo.com

EMAIL info.usa@cogentixmedical.com

Facebook: facebook.com/cogentixmedical

Twitter: twitter.com/cogentixmedical

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20149B 04/15