

Cleared by the FDA – indications for use: The Myself® Pelvic Muscle Trainer is intended for the treatment of stress incontinence and/or urge incontinence in females.

© 2010 JCS Wellness Solutions, Inc. All Rights Reserved.
A subsidiary of Jarden Corporation (NYSE:JAH).

SPR011810

Printed in China

P.N. 140066

week one / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week five / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week two / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week six / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week three / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week seven / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week four / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |

week eight / date : _____

| | How often used? | When? M (morning) A (afternoon) N (night) | How many trips to the bathroom? | Accidental Leaks? (How many) | Do you feel strong urges to go? Y (yes) / N (no) |
|-------|-----------------|----------------------------------------------------|---------------------------------|---------------------------------|-----------------------------------------------------|
| Sun | | | | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thurs | | | | | |
| Fri | | | | | |
| Sat | | | | | |