

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					