

# Tracking your bladder symptoms

For more information about Percutaneous Tibial Nerve Stimulation (PTNS) with Urgent® PC, talk to your doctor or visit [www.urgentpcinfo.com](http://www.urgentpcinfo.com)

## When to track

Attached you will find a 3-page tracking sheet. Your clinician may request that you complete one or more sheets at different times during treatment with Urgent® PC.

- **Before treatment:** Your clinician may ask you to track your symptoms for 1 week before treatment to better understand the severity of your urgency, frequency and accidents.
- **During treatment:** PTNS is usually once-a-week for 12 weeks. By tracking your symptoms from the beginning, you'll see when changes occur.
- **After treatment:** After the initial series of 12 Urgent PC treatments, it is likely that you will need to return for occasional treatments to sustain any improvements. Keeping track of your symptoms may help you and your clinician see when you need another treatment.

## How to track

- These forms have been setup for easy electronic use in any PDF reader program. You may also print them out.
- Track consecutive days (such as Saturday and Sunday), no matter how many days you track each week.

## Areas to complete

### Fluid Intake

Record what you drink during the day 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, sudden urge that you cannot control.

		Urinations		
		How often did you go?	Amount each time?	Times rushing to the bathroom?
Waking - 2 p.m.	☐	☐☐☐☐ 4 Total	☐S☐M☐L☐S☐M☐L☐S☐M☐L S M L S M L	☐☐ 2 Total
2 p.m. - bedtime	☐	☐☐☐☐ 5 Total	☐S☐M☐L☐S☐M☐L☐S☐M☐L S M L S M L	☐☐☐ 3 Total

### 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

INDICATIONS: Urgent PC is indicated for Overactive Bladder and associated symptoms of urinary urgency, urinary frequency and urge incontinence. CONTRAINDICATIONS: 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 common side-effects include transient mild pain or skin inflammation at or near the stimulation 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](http://www.cogentixmedical.com). Urgent is a registered trademark.

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Week beginning: \_\_\_\_\_

Last treatment: \_\_\_\_\_

		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
	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
	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
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
	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
	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
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
	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
	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

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Week beginning: \_\_\_\_\_

Last treatment: \_\_\_\_\_

		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
	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
	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
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
	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
	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
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
	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
	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

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# Tracking your bladder symptoms

Week beginning: \_\_\_\_\_

Last treatment: \_\_\_\_\_

		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?
<b>Day 7</b>	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
	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

## 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
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_