



Is Vivally® right for me?

Questionnaire:

1. Have you been diagnosed with or told you may have symptoms of overactive bladder syndrome (OAB), including urge urinary incontinence and urinary urgency?
 Yes No
2. Do you ever feel a sudden, intense urge to pee or an involuntary loss of urine (a leak) when you don't want it to happen?
 Yes No
3. Do you experience an urge or leak more than once a week?
 Yes No
4. Do you take steps to manage sudden urges or leakage, such as wearing diapers or pads, wearing dark clothing, or scanning for bathrooms when you are in public?
 Yes No
5. Do your urinary issues impact your social activities, travel, intimacy, career, or confidence?
 Yes No
6. Are you dissatisfied with the results or experience of your former or current treatments, such as drugs, botox, PTNS, or surgical implants, to treat the symptoms of your urinary issues?
 Yes No
7. Would you be interested in a drug-free, needle-free, surgery-free OAB treatment option?
 Yes No

If you answered Yes to more than 3 of the above questions, it's time to talk with your doctor about Vivally. Take this questionnaire to talk with your provider about adding the Vivally System to your OAB treatment plan.

Contact Avation Medical Customer Care:

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