

Answered by: PWD / Carer

ID number:

(Please delete as appropriate)

Date: /

/

1. Problems with going to the toilet

a) Toileting difficulties? (e.g. finding the toilet)

Yes (go to Q.2) No

b) Any problems with your bladder / passing water?

Yes (do to Q.3) No

c) Any problems with your bowels?

Yes (go to Q.4) No

d) Any problems with both bladder and bowels?

Yes (go to Q.3 AND Q4) No

2) Toileting difficulties

a) What happens?

Can't find the toilet Uses inappropriate receptacle / place

Finds the toilet but can't use it Can't manage clothing

Hides evidence of accidents Faecal smearing

Won't sit on the toilet Not recognising the urge or desire to act on it

Screaming Other (please give details): _____

13 times or more 11 to 12 times 9 to 10 times 7 to 8 times 1 to 6 times

i) How much does this bother you?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

f) During the night, how many times do you have to get up to urinate, on average?

Four or more Three Two One None

i) How much does this bother you?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

Additional

g) Overall, how much does leaking urine interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

h) What helps you to deal with that?

Active – doing something before

Passive - after (e.g. pads)

Please explain: _____

i) Are the strategies bothersome?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

j) Have you sought advice or help on this from any professional?

Yes (e.g. continence nurse) No

i) Who? _____

ii) What help was offered/ did you gain? _____

4) Problems with your bowel

a) Do you have problems with your bowels?

Yes (please go to Q.4b) No

b) What type of problem?

i) Constipation

Yes (please go to Q.5) No

ii) Leakage / incontinence

Yes (please go to Q.6) No

iii) Both

Yes (please go to Q.5 then Q.6) No

iv) Other e.g. uncontrollable wind (flatus):

Yes (please give details below) No

Details:

5) Constipation

a) How often do you feel constipated?

All the time Two or three times a week

Several times a day About once a week or less often

About once a day

Never

b) How much does this bother you?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

c) Overall, how much does constipation interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

d) What helps you to deal with that?

Active – doing something before

Please explain: _____

e) Are the strategies bothersome?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

f) Have you sought advice or help on this from any professional?

No

Yes (e.g. continence

i) Who? _____

ii) What help was offered/ did you gain? _____

6) Leakage / incontinence of faeces

a) How often are you incontinent of faeces?

All the time	<input type="checkbox"/>	Two or three times a week	<input type="checkbox"/>
Several times a day	<input type="checkbox"/>	About once a week or less often	<input type="checkbox"/>
About once a day	<input type="checkbox"/>	Never	<input type="checkbox"/>

b) What type of stool is it? Liquid Solid `Other (please give details below)

Details: _____

c) When does it happen?

Small amounts leaking all the time

Occurs when you are asleep

Occurs when you are passive, just sitting

Occurs before you can get to the toilet

Occurs at particular points e.g. after meals (please give details):

c) How much does this bother you?

(Please ring a number between 0 (not at all) and 10 (a great deal))

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

d) Overall, how much does faecal incontinence interfere with your everyday life?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10

not at all

a great deal

e) What helps you to deal with that?

Active – ding something before

Passive - after (e.g. pads)

Please explain: _____

d) Have you sought advice or help on this from any professional?

Yes (e.g. admiral nurse) No

i) Who? _____

ii) What help was offered/ did you gain? _____