Intermittent Catheterisation and You

Patient information

Name _____ Surname _____

DOB ___/___/___ Sex _____ Patient ID _____

About you

What is your main occupation? _____

List your hobbies or pastimes: _____

_____

How often do you travel and what mode of transport do you typically use? _____

_____

Tick which best describes you:

How often do you drink caffeinated beverages?
(colas, energy drinks, black tea, coffee)

- ☐ None
- ☐ 1 serving per day
- ☐ 2-3 servings/day
- ☐ 4+ servings/day

Will a caregiver be present at your session?

- ☐ Yes, they will assist me with catheterising
- ☐ No

When consuming alcohol, how many drinks do you have?

- ☐ 1-2 drinks
- ☐ 3-4 drinks
- ☐ 5-6 drinks
- ☐ 7-9 drinks
- ☐ 10+

How often do you drink alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times/month
- ☐ 2-3 times/week
- ☐ 4+ times/week

Experience with catherisation

Reason for catheterisation: _____

_____

_____

Number of times per day your healthcare professional has advised catheterisation:

_____

Previous experience catheterising?

- ☐ Yes
- ☐ No

List any conditions you currently have or have had in the past month: _____

_____

_____

_____

_____

Are you able to feel an initial light urge to urinate, a stronger urge to urinate, or both?

- ☐ Light urge only
- ☐ Strong urge only
- ☐ Both light and strong
- ☐ No impulse

Tick any positions that you ARE able to stay in for about 5 minutes:

- ☐ Standing
- ☐ Sitting
- ☐ Lying down
- ☐ Bending over/crouching

List any conditions that may affect your ability to move:

_____

_____

_____

_____

_____

Other factors

List any surgeries and dates involving your abdomen or genital area: (bladder, urethra, uterus or genitals)

_____ / /

_____ / /

_____ / /

Do you have any:

Concerns about learning to catheterise or following a schedule, such as having episodes of difficulty concentrating, memory issues, or confusion? ☐ Yes ☐ No

Long-standing medical conditions that require you to take medication or see a healthcare professional? ☐ Yes ☐ No

Are you able to reach your genitals—e.g., to wipe yourself with toilet paper after urinating (peeing)? ☐ Yes ☐ No

Can you feel the sense of touch in your genital area? ☐ Yes ☐ No

Do you pay for your prescriptions? ☐ Yes ☐ No

Eyesight issues, such as cataracts, blurry vision, or difficulty reading a book without glasses? ☐ Yes ☐ No

Can you feel when your bladder is full or needs to be emptied? ☐ Yes ☐ No

Any concerns that this therapy will stop you from doing something important to you? ☐ Yes ☐ No

Problems with hearing, such as deafness, needing hearing aids, or often needing others to speak up or repeat words to you? ☐ Yes ☐ No

Conditions that might affect your ability to communicate with your healthcare professional? For example, difficulty speaking? ☐ Yes ☐ No

Are you currently using any medical devices or equipment (e.g., back braces) that can hinder your ability to move? ☐ Yes ☐ No

Can you grasp a pencil and confidently draw a straight line? ☐ Yes ☐ No

Do you have any allergies, particularly a latex allergy? ☐ Yes ☐ No

Do you often find yourself somewhere without access to a toilet for long periods of time? ☐ Yes ☐ No

Do you need a translator? ☐ Yes ☐ No

Thoughts on intermittent catheterisation

Have you set any goals related to intermittent catheterisation that you wish to achieve? Please describe:

_____

_____

When you think about intermittent catheterising, do you have any negative feelings? Please describe:

_____

_____

Any additional questions/thoughts that are important for your healthcare professional to be aware of?

_____

_____

Do you have any personal preferences or cultural or religious requirements your healthcare professional should be aware of for this training session? (e.g., phobias, gender preference for healthcare professional)

_____

_____

Contact our me+ Continence Care Support Team for additional resources:
Australia: Call 1800 335 276 or email connection.au@convatec.com
New Zealand: Call 0800 225 4309 or email connection.nz@convatec.com

convatec me+

Guiding the way to confident living with intermittent catheterisation

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