

Appendix G: Continence Assessment

Source

Cassell, B. and Skelly, J. (2006) Assessment of Urinary Incontinence. In P. Eyles (ed.) Promoting Continence Care: A Bladder and Bowel Handbook for Care Providers. Hamilton, ON: McMaster University Press.

Patient's Name		Date of birth/age	
Gender (circle)	1) Male 2) Female	Date assessed	

Incontinence History			
1) Onset	1) Sudden		2) Gradual
2) Duration	1) <6 months		4) 2-5 years
	2) 6 months - 1 year		5) > 5 years
	3) 1-2 years		
3) Symptoms over the past 6 months?	1) Worsening		3) Improving
	2) Stable		4) Fluctuates
	Days	Evenings	Nights
4) How often do you go to the toilet?			(after going to bed)
5) How often do you have accidents?	1) 1/day 2) >1/day 3) ___/week 4) None	1) 1/day 2) >1/day 3) ___/week 4) None	1) 1/day 2) >1/day 3) ___/week 4) None
6) How much leakage do you have?	1) Soil/wet underwear only 2) Soil/wet outer clothing 3) Soil/wet bedding 4) Run down legs 5) Pool on the floor 6) Amount varies 7) Contained	1) Soil/wet underwear only 2) Soil/wet outer clothing 3) Soil/wet bedding 4) Run down legs 5) Pool on the floor 6) Amount varies 7) Contained	1) Soil/wet underwear only 2) Soil/wet outer clothing 3) Soil/wet bedding 4) Run down legs 5) Pool on the floor 6) Amount varies 7) Contained

Stress Loss					
7) Do you leak urine with physical stress? (e.g. cough, laugh, sneeze, lift, jump)	1) Yes	2) Yes, just after	3) No	4)Unable to answer	
Urge Loss					
8) Do you have to rush to the bathroom when you feel the urge to void?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
9) Do you leak urine on your way to the bathroom?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
10) On average, how long can you hold on after feeling the first urge?	1) Not at all	2) <5 mins	3) _____ mins	4) Unknown	4)Unable to answer
Overflow					
11) Do you feel that you completely empty your bladder when you pass urine?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
12) Are you aware of the urge to void?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
13) Are you aware of urine being passed?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
14) Are you aware when you are wet?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
15) Do you have trouble starting to pass urine (hesitancy)?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
16) Do you have to strain or push to pass urine?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
17) Do you have dribbling after you finish passing urine?	1) Yes	2) No	3) Occasionally	4) Unknown	4)Unable to answer
Product Use					
18) What type of product is used for containment?				____ Unknown ____ Unable to answer	
19) How many are used every 24 hours?				____ Unknown ____ Unable to answer	

Fluid Intake					
20) How much do you drink in a day?	Type of Fluid (e.g. water, juice, thickened juice)			Quantity (1 cup=250ml)	
—Breakfast					
—Mid AM					
—Lunch					
—Mid PM					
—Supper					
—Evening					
—Total					
Caffeine Intake					
21) Do you drink beverages containing caffeine?	1) Yes	2) No	3) Unknown	4) Unable to answer	
If yes—how much? (1 cup=250ml)			2) Unknown	3) Unable to answer	
Alcoholic Intake					
22) Do you drink any alcoholic beverages?	1) Yes	2) No	3) Unknown	4) Unable to answer	
If yes—how much? (1 cup=250ml)			2) Unknown	3) Unable to answer	
Bowels					
23) How often do you have bowel movements?	1) 2-3/day	2) Daily	3) ___/week	4) Unknown	5) Unable to answer
24) Do you frequently have hard or difficult bowel movements?	1) Yes	2) No	3) Occasionally	4) Unknown	5) Unable to answer
25) Are laxatives/suppositories/enemas used for regulation?	1) Yes	2) No	3) Occasionally	4) Unknown	5) Unable to answer
If answer to question #25 is 'yes' specify:					
Medical History (select all that apply)					
26) Trans Urethral Prostatectomy (TURP)			27) Diabetes Mellitus		
28) Hysterectomy			29) Fractured Hip		
30) Bladder Repair			31) Urinary Tract Infection		

Medical History (continued)			
32) Stroke (CVA)		33) Acquired Brain Injury	
34) Parkinson's Disease		35) Dementia	
36) Multiple Sclerosis		37) Arthritis	
38) Other diagnosis			

Medication review (any medications with the following actions)					
39) Anticholinergic	1) Yes	2) No	40) Sedative	1) Yes	2) No
41) Cholinergic	1) Yes	2) No	42) Antidepressant	1) Yes	2) No
43) Diuretic	1) Yes	2) No	44) Antispasmodic	1) Yes	2) No
45) Antipsychotic	1) Yes	2) No			

Weight			
46) Weight		2) Unknown	3) Unable to answer

Environmental Barriers			
47) Do you have ready access to:			
- Toilet	1) Yes	2) No	3) Unable to answer
- Commode	1) Yes	2) No	3) Unable to answer
- Urinal or Bedpan	1) Yes	2) No	3) Unable to answer
48) Are there any physical or chemical restraints being used?	1) Yes	2) No	3) Unable to answer

If answer to question #48 is "yes", specify:

Functional assessment	
49) Ambulation (circle all that apply)	
1) Ambulates within residence or about one block distance	3) Bedridden more than half the time
2) Ambulates with assistance of A) Cane B) Walker C) Wheelchair	4) Needs help getting in and out of bed/chair A) No assistance required B) With one person assisting C) With two persons assisting D) With mechanical lift

Abilities Assessment				
50) Aware of urge to void	1) Yes	2) No	3) Occasionally	4) Unable to answer
51) Able to find the toilet	1) Yes	2) No	3) Occasionally	4) Unable to answer
52) Able to understand reminders or prompts	1) Yes	2) No	3) Occasionally	4) Unable to answer
53) Can ask for assistance	1) Yes	2) No	3) Occasionally	4) Unable to answer
54) Can remove clothing to toilet	1) Yes	2) No	3) Occasionally	4) Unable to answer
55) Can sit on the toilet/hold the urinal	1) Yes	2) No	3) Occasionally	4) Unable to answer
56) Motivated to be continence	1) Yes	2) No	3) Occasionally	4) Unable to answer
57) Socially aware of appropriate place to pass urine	1) Yes	2) No	3) Occasionally	4) Unable to answer
Physical Assessment				
58) Voided volume		59) Residual volume		
60) Urine dip stick	1) Negative 2) Positive	61) Send for C & S	1) Yes	2) No
62) Perineum	1) Intact 2) Redness 3) Excoriation 4) Other	63) Voiding record initiated	1) Yes	2) No
64) Stool present in the rectum?	1) Yes 2) No	65) Fecal straining around the anus?	1) Yes	2) No
Contributing Factors (circle)				
66) Urinary Tract Infection	67) Cognitive	68) Environmental factors	69) Mobility	
70) Constipation	71) Fluid intact	72) Caffeine intake	73) Alcohol intake	
74) Weight	75) Medications	76) Other (specify		
Types of incontinence (circle)				
77) Stress	78) Urge	79) Overflow	80) Functional	
81) Other (please specify):				
Treatment Options				
82) Prompted voiding				
83) Fluid intake changes				
84) Caffeine reduction				
85) Intermittent catheterization				
86) Beside commode				
87) Personal hygiene				
88) Incontinence product				
89) Other				