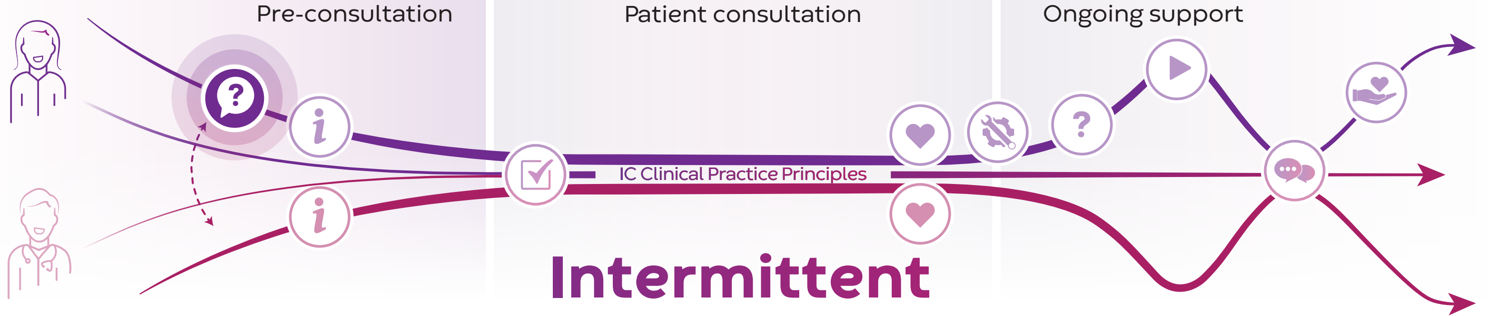

Intermittent Catheterization and You

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 catheterizing
- ☐ 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 catherization

Reason for catheterization: ____________

Number of times per day your healthcare professional has advised catheterization: ____________

Previous experience catheterizing?

- ☐ 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:

Question	Yes	No
Concerns about learning to catheterize 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 have any immediate financial concerns about initiating this therapy?	☐ 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? (e.g., 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 catheterization

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

____

____

When you think about intermittent catheterizing, 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)

____

____

Scan for additional resources and access to Convatec me+ Continence Care support or visit qr.convatec.com/cc-meplus

Guiding the way to confident living with intermittent catheterization

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AP-70145-GBL-ENG-v1.