



# 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 catheterisation

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)

\_\_\_\_\_  
\_\_\_\_\_

Scan for additional resources and access to Convatec me+ Continence Care support or visit [qr.convatec.com/cc-meplus](https://qr.convatec.com/cc-meplus)

