**Patient Label**

<table>
<thead>
<tr>
<th>Referred by:</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Auckland questionnaire of urinary assessment completed  

Initial score:  

Score at 3 months:  

**INFECTION CONTROL**  
... refer to Policy No. 4.1.0 Infection Control Management

Infection Control screen taken?  

Yes  

No  

State date and time  

**MEDICAL HISTORY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory conditions</td>
<td>Cardiac conditions</td>
</tr>
<tr>
<td>Neurological conditions</td>
<td>Mental health history</td>
</tr>
<tr>
<td>Musculo-skeletal conditions</td>
<td>Renal disease</td>
</tr>
<tr>
<td>Diabetes —type:</td>
<td>Cancer</td>
</tr>
<tr>
<td>Previous surgery</td>
<td>Other</td>
</tr>
</tbody>
</table>

Comments:  

**MEDICATION**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**GYNAECOLOGICAL / OBSTETRIC**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of...</td>
<td>Comments:</td>
</tr>
<tr>
<td>Pregnancies</td>
<td>Vaginal deliveries</td>
</tr>
<tr>
<td>Caesarians</td>
<td>Assisted deliveries</td>
</tr>
<tr>
<td>Forceps deliveries</td>
<td>Ventouse deliveries</td>
</tr>
<tr>
<td>Babies over 9lb (4kg)</td>
<td>Length of labour</td>
</tr>
<tr>
<td>Episiotomy /Perineal tear</td>
<td>Epidural used</td>
</tr>
</tbody>
</table>

Menstrual history:  

relationship of menstruation to continence ... -urine -faecal

**Menopause**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech impaired</td>
<td>Cooperation</td>
</tr>
<tr>
<td>Eyesight impaired</td>
<td>Comprehension</td>
</tr>
<tr>
<td>Memory impaired</td>
<td>Able to give accurate history</td>
</tr>
<tr>
<td>Hearing impaired</td>
<td>Denies the problem</td>
</tr>
<tr>
<td>Motivation: High</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>Low</td>
</tr>
</tbody>
</table>

Comments:  

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
### Presenting complaint
Onset of symptoms
Better / worse / same
Frequency of toileting
Wakes to go to toilet at night
Wets the bed at night
History of urinary tract infections
Frequency of UTI
Usual treatment of urinary tract infections

### UROLOGICAL HISTORY
- Dysuria
- Burning
- Stinging
- Pain
- Odour
- Haematuria

### MOBILITY / DEXTERITY
- Does the client lose urine when:
  - Coughing
  - Sneezing
  - Exercise / activity
  - Sneeze
  - Exercise / activity
- Frequency of toileting
- Wets the bed at night
- Frequency of UTI
- Usual treatment of urinary tract infections
- Does the client lose urine without warning or urge?
- Any dribbling after urine is passed?
- How long can client defer toileting:
- Starting flow:
  - Strain
  - Hesitancy
  - Is the stream /flow:
  - slow
  - moderate
  - strong
- Is urine lost in association with urge?
- Does the bladder feel empty post void?
- Toileting position:

### SOCIAL HISTORY
- Occupation
- Effects on work life
- Carer support
- Effects on social life
- Smoker
- Allergies

### DIET AND FLUID INTAKE
- Water
- Tea / coffee
- Alcohol
- Other

### TOILET / ENVIRONMENT

### URINARY SYMPTOMS
- Dysuria
- Burning
- Stinging
- Pain
- Odour
- Haematuria

### SOCIAL HISTORY
- Occupation
- Effects on work life
- Carer support
- Effects on social life
- Smoker
- Allergies

### DIET AND FLUID INTAKE
- Water
- Tea / coffee
- Alcohol
- Other

### MOBILITY / DEXTERITY
- Does the client lose urine when:
  - Coughing
  - Sneezing
  - Exercise / activity
  - Sneeze
  - Exercise / activity
- Frequency of toileting
- Wets the bed at night
- Frequency of UTI
- Usual treatment of urinary tract infections
- Does the client lose urine without warning or urge?
- Any dribbling after urine is passed?
- How long can client defer toileting:
- Starting flow:
  - Strain
  - Hesitancy
  - Is the stream /flow:
  - slow
  - moderate
  - strong
- Is urine lost in association with urge?
- Does the bladder feel empty post void?
- Toileting position:

### MULTIDISCIPLINARY CONTINENCE ASSESSMENT pg.2
### Pelvic floor grading:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nil</td>
</tr>
<tr>
<td>2</td>
<td>Flicker</td>
</tr>
<tr>
<td>3</td>
<td>Weak</td>
</tr>
<tr>
<td>4</td>
<td>Moderate</td>
</tr>
<tr>
<td>5</td>
<td>Good</td>
</tr>
<tr>
<td>6</td>
<td>Strong</td>
</tr>
</tbody>
</table>

**PERFECT:**
- **Power**
- **Endurance**
- **Repetitions**
- **Fast**

**Every**
- **Contraction**
- **Timed**

### Bowel History

- Usual bowel pattern?
  - [ ] Daily
  - [ ] Alternate
  - [ ] Twice weekly
  - [ ] Weekly
- Stool consistency (Bristol stool type):
- Faecal leakage:
  - [ ] Large
  - [ ] Small
  - [ ] Smearing
  - [ ] Mucous
- Awareness:
  - [ ] Prior
  - [ ] Post

**Is there excess flatus?**
- [ ] YES
- [ ] NO

**Incontinence with flatus?**
- [ ] YES
- [ ] NO

**Bowel assessment required?**
- [ ] YES
- [ ] NO

### Present Management

- **Continence products:**

### Lifestyle Impact

- **Has the problem affected your relationship with family, friend and lifestyle?**
  - [ ] YES
  - [ ] NO

- **Has the problem affected your sexuality / intimacy?**
  - [ ] YES
  - [ ] NO

  *e.g. painful intercourse, body image, erectile dysfunction, leaking urine on intercourse etc.*

### Rectal Examination

- [ ] Rectal prolapse
- [ ] Enlarged prostate

### Physical Examination

- [ ] Patella reflex (L2, L3, L4)
- [ ] Achilles tendon reflex (S1, S2)
- [ ] Anal reflex (S2, S3, S4)

### Vaginal Examination

- **Visible prolapse:**
  - [ ] Anterior
  - [ ] Posterior
  - [ ] Uterine
  - [ ] Cough
  - [ ] Obvious prolapse
  - [ ] Loss of urine
  - [ ] Straining
  - [ ] Little or no obvious contraction

- **Palpation:**
  - [ ] Muscle bulk
  - [ ] Sensation
  - [ ] Pain / tenderness
  - [ ] Discharge
  - [ ] Skin condition
  - [ ] Atrophic vaginitis

### Pelvic floor grading:

**Contraction - Oxford Grade**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nil</td>
</tr>
<tr>
<td>2</td>
<td>Flicker</td>
</tr>
<tr>
<td>3</td>
<td>Weak</td>
</tr>
<tr>
<td>4</td>
<td>Moderate</td>
</tr>
<tr>
<td>5</td>
<td>Good</td>
</tr>
<tr>
<td>6</td>
<td>Strong</td>
</tr>
</tbody>
</table>

**PERFECT:**
- **Power**
- **Endurance**
- **Repetitions**
- **Fast**

**Every**
- **Contraction**
- **Timed**

### Comments:
**BLADDER SCAN**

Date:      Pre void:   Post void:

<table>
<thead>
<tr>
<th>ANALYSIS OF SYMPTOMS</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress incontinence</td>
<td></td>
</tr>
<tr>
<td>Overflow incontinence</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Functional incontinence</td>
<td>Other</td>
</tr>
<tr>
<td>Urgency with urge incontinence</td>
<td></td>
</tr>
<tr>
<td>Faecal incontinence</td>
<td></td>
</tr>
<tr>
<td>Over-active bladder</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POTENTIALLY REVERSIBLE SIGNS AND SYMPTOMS</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium</td>
<td></td>
</tr>
<tr>
<td>Atrophic vaginitis</td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td></td>
</tr>
<tr>
<td>Restricted mobility</td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td></td>
</tr>
<tr>
<td>Excess urine output</td>
<td></td>
</tr>
<tr>
<td>Stool impaction</td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT GOALS**


**TREATMENT PLAN**

<table>
<thead>
<tr>
<th>Referral to:</th>
<th>Pelvic floor exercises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply products</td>
<td>Distraction technique (deferment)</td>
</tr>
<tr>
<td>Bladder retraining</td>
<td>Post micturition exercises</td>
</tr>
<tr>
<td>Timed voiding</td>
<td>Bowel retraining</td>
</tr>
<tr>
<td>Information /literature /supporting information</td>
<td></td>
</tr>
</tbody>
</table>

**INDIVIDUAL PROGRAMME**


Signature:    Date: