

# My Continence Check

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For each question, *circle the answer* that applies to you

## How often do you use intermittent catheters?

Please inform us about your routine so that we can tailor the questions to fit your situation.

Every day	A couple of times per week	Once per week	Less than once per week	No longer relevant
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## How many times a day do you currently catheterise?

Sticking to your routines is important to maintain a healthy bladder. *Please consider your current status.*

1 time	2 times	3 times	4 times	5 times	6 times	7 times or more	Don't know
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## Do you feel you have control of your bladder situation?




Feeling in control of your daily routines is not always easy, yet with the right knowledge and habits in place this is achievable.

*How confident do you currently feel in all your daily routines related to catheterising?*

I do not feel confident										I feel confident									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10









## Have you experienced a big difference in your urine output that is not due to well-known reasons?

A change could indicate an underlying problem with your bladder. Click on the statement that fits your current situation. *In the last week when I catheterise...*

 <p>I haven't noticed a difference in volume of urine</p>	 <p>I drain a lot more urine than I used to</p>	 <p>I drain a lot less urine than I used to</p>
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## Several symptoms could indicate that something is irregular when passing urine

It is important that you react on any irregularities. You can select one or more issues below. *In the last week, when I pass urine I have noticed...*

 <p>I haven't had any issues</p>	 <p>A bad smell in my urine</p>	 <p>A burning/stinging pain</p>	 <p>There is blood in my urine (not small dots on the catheter)</p>
 <p>I need to pass urine more frequently (not due to increased fluid intake)</p>	 <p>The need to pass urine is urgent</p>	 <p>I have noticed recent incontinence between catheterisations</p>	 <p>Other issues not reflected here. Please give me a call</p>



### In the last 3 months I have had symptoms of a urinary tract infection

E.g. change in odour, burning pain.

I do not think I've had an UTI	1 time	2 times	3 times	4 times	5 times	6 times or more	Don't know
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### The amount of occasions where these symptoms required treatment with antibiotics

Please consider occasions where a Health Care professional prescribed the antibiotics.

It didn't require treatment	1 time	2 times	3 times	4 times	5 times	6 times or more	Don't know
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### How are you feeling right now?

It doesn't matter if it is related to your daily routines for doing intermittent catheterisation or how you are feeling in general. It is important that your condition does not affect your overall quality of life.

I am having a difficult time	1	2	3	4	5	6	7	8	9	10	I feel great
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### Do you feel confident to live the life you want?

Your bladder situation should not prevent you from doing the things you enjoy or take on new challenges in life.  
How confident do you currently feel when it comes to taking on a new challenge in life?

I am not confident	1	2	3	4	5	6	7	8	9	10	I am confident
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## Personal

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Email:
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Phone:
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