

Client Name: _____

Date: _____

Right at Home Canada has partnered with TENA to help you with all your continence needs. Please fill out the following checklist and let's get started on providing you with a dignified and discreet continence management program.

Symptoms	Yes	No	Not Sure
Do you lose urine when you don't want to?			
When you need to urinate, is there urgency to do it right away?			
Does leakage happen when you laugh, cough, sneeze or lift something heavy?			
Have you ever been diagnosed with a Urinary Tract Infection?			
Have you ever been diagnosed with an enlarged prostate?			
Do you experience burning when you urinate?			
Do you leak urine on the way to the bathroom?			
Do you lose urine in your bed at night?			
Do you go to the bathroom frequently to avoid losing urine?			
Do you use disposable pads, adult diapers or anything else to absorb urine?			
Do you dribble after urinating?			
Do you have difficulty starting to urinate?			
Is your bowel function normal (ie. No constipation, diarrhea or pain)?			
Does urine loss interfere with getting a good night's sleep?			
Has incontinence affected your personal relationships?			
Does incontinence affect your willingness or ability to exercise?			

	Yes	No
Are you taking medication? (Make a list of everything you are taking or bring your pills to your healthcare professional)		
Do you avoid certain activities because of your incontinence (shopping, golfing, and gardening)?		

	0 – 2	2 or More
How many times at night do you wake up to go to the bathroom?		

	Weeks	Months	Years	Not Sure
How long have you been losing urine?				

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