

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NHS Number: \_ \_ \_ \_ \_

Shropshire Community Health



NHS Trust

## Symptom Profile - Bladder and Bowel Dysfunction

Please read through all statements before ticking those most relevant to you. Feel free to add comments

I leak when I laugh, cough, sneeze run or jump

☐

I only ever leak a little urine

☐

At night, I only use the toilet once or not at all

☐

I always know when I have leaked

☐

I leak without feeling the need to empty my bladder

☐

Only my pants get wet when I leak (not outer clothing) or I sometimes wear a panty liner

☐

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S**

I feel a sudden strong urge to pass urine and have to go quickly

☐

I feel a strong uncontrolled need to pass urine prior to leaking

☐

I feel that I pass urine frequently

☐

I get up at night to pass urine at least twice

☐

I think I had bladder problems as a child

☐

When I leak I find it hard to stop the flow

☐

**U  
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I feel as if my bladder is not completely empty after I have been to the toilet

☐

My urine flow stops and starts several times

☐

My urine stream is weaker and slower than it used to be

☐

I wait, push or strain to start to pass urine

☐

When I think I have finished I often dribble a small amount

☐

I don't always have the feeling that I need to pass urine

☐

I get up at night to pass urine at least twice

☐

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First name..... Last Name..... D.O.B..... NHS.....

<p>The confused/ disoriented person I care for:</p> <p>Does not recognize the toilet <input type="checkbox"/></p> <p>Will not use the toilet <input type="checkbox"/></p> <p>Passes urine/ bowel movement into other objects instead of the toilet <input type="checkbox"/></p> <p>Please add more information if needed.....</p>	<p>I N V A P I R D O I P N G I A T E</p>
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<p>When I need to use the toilet I cannot get there in time. <input type="checkbox"/></p> <p>Please state reason .....</p> <p>I am worried that people will see or hear me when I am using the toilet <input type="checkbox"/></p> <p>I feel I cant be bothered to go to the toilet <input type="checkbox"/></p> <p>I have difficulty cleansing myself after using the toilet <input type="checkbox"/></p>	<p>F U N C T I O N A L</p>
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<p>My stools are often small, hard and difficult to pass <input type="checkbox"/></p> <p>I often get a feeling of incomplete emptying <input type="checkbox"/></p> <p>I have to strain and find it hard to pass stool <input type="checkbox"/></p> <p>I have to take laxatives to help me open my bowels <input type="checkbox"/></p>	<p>C O N S T I P A T I O N</p>
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<p>I leak stools without knowing it is happening <input type="checkbox"/></p> <p>I am unable to delay the need to have my bowels opened <input type="checkbox"/></p> <p>I find it difficult to know if I need to pass wind or stool <input type="checkbox"/></p> <p>I cannot control wind and find this embarrassing <input type="checkbox"/></p> <p>My stools are very loose <input type="checkbox"/></p>	<p>I N C O N T I N E N C E F A E C A L</p>
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