





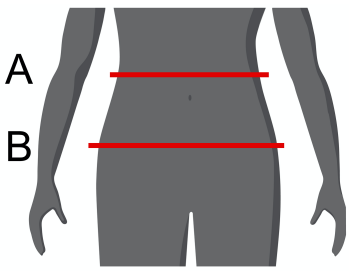

## 1. Information about the person

First name:		Family name:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>	Telephone:	
Address:							







## 2. Assessment interview

Bowel, bladder and skin health check - ask the person:			
Have you seen a health professional about your bladder or bowel control / problems with incontinence (leaks)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b>  Refer to health professional for continence assessment	
Are you experiencing:			
Sudden change in ability to feel or empty bladder / bowel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes to any</b>  Refer to health professional for medical attention immediately	
Blood in urine or stool?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Liquid stool (diarrhoea) for 2 weeks or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signs of a urine infection? ( <i>describe signs to person</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If yes to any</b>  Refer to health professional for medical attention AND offer advice on how to avoid or manage the condition (see over page)	
Constipation? ( <i>describe signs, see over page</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Skin problems such as rash or pressure wound on bottom, thighs, lower back or groin area?	Pressure wound <input type="checkbox"/> Rash <input type="checkbox"/> None <input type="checkbox"/>		
<i>Remember: you may still provide continence products to help the person contain leaks while waiting for referral.</i>			
Type of incontinence (leaks) - ask the person to describe what is happening:			
<b>Urine leaks</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Stool leaks</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>When</b>	Day <input type="checkbox"/> Night <input type="checkbox"/>	<b>When</b>	Day <input type="checkbox"/> Night <input type="checkbox"/>
<b>How often</b>	Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Constant <input type="checkbox"/>	<b>How often</b>	Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Constant <input type="checkbox"/>
<b>Amount</b>	Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>	<b>Amount</b>	Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Mostly solid <input type="checkbox"/> Mostly liquid <input type="checkbox"/>
<i>Occasional = every now and then; Frequent = every day; Constant = constantly leaking</i>			
Environment, washing and/or disposal – ask the person:			
Are your day time activities mainly at home, away from home or both?	Home <input type="checkbox"/> Away from home <input type="checkbox"/>	<b>If both</b> , different products for each location may be needed	
Are you able to wash washable products? ( <i>Need space for washing and drying, time, water, soap</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b> , consider single use <input type="checkbox"/> or  Refer to WASH <input type="checkbox"/>	
Are you able to dry washable products easily? ( <i>Consider rainy season / winter / humidity</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b> , consider washable two piece <input type="checkbox"/> single use <input type="checkbox"/> both <input type="checkbox"/>	
Are you able to store and dispose of single use products? ( <i>Consider safe disposable with regular rubbish collection</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b> , consider washable <input type="checkbox"/>	
Putting products on and off – ask the person:			
Are you able to change your product on your own? <i>If not sure, person may try on products over underpants</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b> , ask if they want to include their assistant / family member in product selection	
Can you use your hands easily, to manage fasteners? <i>If not sure, person may try on products over underpants</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If no</b> , consider products that can be easily pulled on or have simple fasteners.	
To put on your products, will you mostly:	Stand <input type="checkbox"/> Sit <input type="checkbox"/> Lie down <input type="checkbox"/>	See product selection table	


### 3. Measurements

Take measurements to help select the correct product size		
	<b>A: Waist (cm)</b>	
	<b>B: Hips (cm)</b>	
	<b>Other:</b>	

### 4. Plan

	Type of product <i>List all products including those for night and day, different activities, pads and/or liners.</i>	Recommended changes each day	Number of products		
			Washable <i>At least 2 x daily changes</i>	Single use <i>30 x daily changes for one month</i>	
<b>Provide continence products</b>	1.  _____				
	2.  _____				
	3.  _____				
	4.  _____				
<b>Refer to</b>	Health care <input type="checkbox"/> Continenence care <input type="checkbox"/> Other <input type="checkbox"/>  _____				
<b>Teach about</b>	Healthy bladder <input type="checkbox"/> Healthy bowel <input type="checkbox"/> Skin protection <input type="checkbox"/> How to use <input type="checkbox"/> How to wash <input type="checkbox"/> How to dispose of <input type="checkbox"/> Planning to go out <input type="checkbox"/>			Follow-up date:  _____	

### Other information

Possible health problem	What people may experience	Immediate actions to advise	
<b>Signs of urine infection</b>	<ul style="list-style-type: none"> <li>✓ Urine is dark, cloudy, strong smelling</li> <li>✓ Needing to pass urine more than usual</li> <li>✓ Discomfort during or after passing urine</li> <li>✓ Fever or feeling unwell</li> </ul>	Drink water regularly to flush out infection <ul style="list-style-type: none"> <li>• Approximately 12 glasses (3 litres) or until urine is clear in colour</li> <li>• Avoid: tea/coffee/carbonated (fizzy) drinks</li> </ul>	All of these conditions require referral to a health professional.
<b>Signs of constipation</b>	<ul style="list-style-type: none"> <li>✓ Empties bowels less than 3 times a week</li> <li>✓ Has to strain (push hard) to pass small amounts of hard, dry stool</li> <li>✓ Feels uncomfortable, painful or bloated (swollen) feelings in stomach area</li> </ul>	Drink water regularly and eat foods with fibre (for example fresh fruit, vegetables, nuts and beans). This can help to soften and pass stool. Try going to toilet directly after eating If possible, try going to the toilet in a squat position or sitting with feet on a stool (knees higher than hips).	
<b>Signs of a rash</b>	<ul style="list-style-type: none"> <li>✓ Red or dark rash on swollen, irritated skin where it has been in contact with urine or stool (bottom, thighs, lower back or groin)</li> </ul>	Clean skin with water and if available a liquid cleanser. Try to avoid soap as this dries out skin. Pat skin dry gently rather than rubbing Always clean skin immediately after any leaks	
<b>Signs of a pressure wound</b>	<ul style="list-style-type: none"> <li>✓ Red or dark marks or an open wound on skin; caused by pressure on the skin.</li> </ul>	Remove pressure Avoid urine and stool coming into direct contact with skin or open wounds.	