

## Knowledge, Attitudes and Beliefs Survey of Continence Care in Complex Continuing Care

This survey will take less than 10 minutes to complete. It is to be completed **independently** by individual healthcare providers. Instructions for completion of the survey are given with each question. Your cooperation in filling out this survey will contribute to the evaluation of a program to improve continence care for patients and increase staff satisfaction with this aspect of their work.

**1. Please indicate with a check mark ✓ which of the following statements you think are true and which are false.**

	True	False	Unsure
a. UI should not be discussed unless the patient brings it up.			
b. Treatment and management of UI is an interesting part of clinical practice.			
c. Compared with other health conditions, a patient's UI is a low priority.			
d. Having UI makes a person feel childish.			
e. As part of history taking, healthcare providers should ask patients if they have UI.			
f. UI is a natural part of the aging process.			
g. UI is natural for women who have given birth before.			
h. Not much can be done to prevent or reduce UI in CCC patients.			
i. Incontinence pads and briefs solve most wetting problems.			
j. Patients are too embarrassed to talk about UI.			
k. UI care is a part of care I don't like to talk about.			
l. Drinking no more than 3 glasses of liquid each day is a safe way to decrease UI.			
m. There are several types of UI for which there are different treatment or management strategies.			
n. There is new knowledge about UI care that applies to CCC patients			
o. Healthcare providers should not be hesitant to discuss UI with patients.			
p. A blocked urinary catheter should be cleared by flushing sterile saline through it into the bladder.			
q. For patients needing an indwelling catheter, the largest French-size (diameter) catheter that fits should be used to ensure no leakage			

**2. Match the types of urinary incontinence with the descriptions or symptoms that relate to them by putting the number associated with the type of incontinence in the box. The first one has been done for you as an example.**

Types of incontinence:		1. Urge	2. Stress	3. Overflow	4. Functional
e.g.	Loss of a small amount of urine when sneezing, coughing or laughing				d. Strong need to void with loss of urine on the way to the bathroom
2	a. Associated with bladder over-distension				e. Associated with restricted physical mobility
	b. Associated with impaired cognition				f. Incontinence secondary to obstruction
	c. Associated with increased intra-abdominal pressure				g. Bladder muscle hyperactivity or instability

**3. Which of the following toileting strategies would you consider ideal practice to help treat urinary incontinence?**

- 1. Individualized toileting (timing and frequency of toileting based on investigation of individual patient's needs and patterns)
- 2. Scheduled or routine toileting (e.g., toileting on a schedule every 2 to 4 hours, or around meal times)

**Thank you for completing this survey! Please return it as instructed.**