Conditions affecting continence function

This questionnaire is for a person with a condition which results in functional impairment related to continence. It relates to Table 13 of the Impairment Tables in Part 3 of the *Social Security (Tables for the Assessment of Work-related Impairment for Disability Support Pension) Determination (Cth) 2023.*

Treating Doctor (practice and specialisation)

Name: _____

Practice: _____

Specialisation: _____

Signature: _____ **Date:** _____

Name of patient: _____

Condition 1

Diagnosis

Date of diagnosis: / /

Date of onset (if known): / /

Are further tests/investigations planned to determine the diagnosis?

☐ Yes
☐ No

If yes, why are further tests/investigations necessary? (include alternative diagnosis)

Please attach any other reports about the diagnosis of this condition or contact details of relevant treating doctors or psychologists.

Past and current treatment

Provide information about all past and current treatment for this condition (eg surgery, hospitalisation, medication and dosage, counselling, physical therapy, rehabilitation).

Include date treatment commenced and dosage/frequency/duration where relevant.

Treatment	**Date commenced**	**Dosage/frequency/** **End date of treatment**

Compliance with treatment

- ☐ Very compliant
- ☐ Usually compliant
- ☐ Rarely compliant
- ☐ Uncertain

If there are issues with the person's compliance, explain what they are and the reasons, including any issues with access to treatment.

Specialist referrals

Attach reports or provide details of any specialist referrals for this person.

Name	Specialisation	Date of consultation

Future/planned treatment

Is there future/planned treatment which the person has not yet undertaken?

- ☐ No
- ☐ Yes - If yes, please provide the following information:

Planned treatment 1:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Planned treatment 2:

Likely date of commencement and duration/frequency:

Likely impact on this person's current ability to function:

- ☐ Substantial improvement
- ☐ Little or no improvement/preventative/management of symptoms
- ☐ Worsening of ability to function

Will the treatment result in the person being able to sustain working for 15 hours a week or more over a long period?

- ☐ Yes
- ☐ No

Clinical features

Current symptoms

Describe the current symptoms, including severity, frequency and duration. Symptoms are those which persist despite treatment, aids, equipment or assistive technology.

History

Give details of underlying causes and contributing factors, results and dates of investigations/procedures and specialist consultations such as radiology or pathology.

Impact on ability to function

Please answer the following questions about how the condition and its treatment currently impact on the person's ability to function. This questionnaire is for people with conditions resulting in functional impairment relating to incontinence of the bladder or bowel.

Examples of conditions associated with incontinence are some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions, malignancy, incontinence resulting from paraplegia, spina bifida or neurodegenerative conditions.

For questions relating to a person's symptoms affecting ability to undertake tasks, work or training, these are to be answered in the case if a person does not work based on the likely impact as if the person did work.

Bladder

Describe any impact of the condition on the person's continence in relation to the bladder, including:

- amount of leakage;
- circumstances where leakage occur (e.g. in most situations, only when coughing or sneezing);
- frequency (e.g. daily, hourly); and
- whether this is managed by a prescribed continence pad or not (e.g. the amount of leakage soaks through the pad or not).

Describe any impact the condition has on the person's bladder control, such as urgency (e.g. has to get to a toilet very quickly and has difficulty holding on to urine) or loss of control of the bladder, including:

- circumstances where this occurs; and
- frequency with which this occurs.

Describe any impact this condition has on the person's passing of urine (e.g. has to strain, or restricted flow of urine, or difficulty emptying the bladder).

<u>Bowel</u>

Describe any impact the condition has on the person's continence in relation to the bowel (i.e. leakage), including:

- amount of leakage (e.g. minor so as to soil underwear but not outer clothes);
- circumstances where leakage occurs;
- frequency (e.g. weekly, daily, hourly); and
- whether this is managed by a prescribed continence pad or not (e.g. the amount of leakage soaks through the pad or not).

Describe any impact the condition has on the person's bowel control, such as urgency or loss of control including:

- circumstances where this occurs; and
- frequency with which this occurs.

Continence aids

Provide details about any continence aids the person uses (such as a stoma, catheter or other collection device) and whether the person is able to manage their continence independently or not with the aid. Including information about:

- frequency of any bag or catheter changes;
- frequency of any equipment failure; and
- whether they need assistance to manage the aid or change the continence pads during the day.

Impact on work, education or training

Describe any impact from the condition or use of continence aids on the person's ability to perform tasks, including work or training, including any interruption and the frequency with which that occurs.

Impact on travel and participating in the community

Describe any impact the person's condition has on the person's ability to use lifts, public transport, be near others and leave the home.

Future impact on ability to function

How long is the impact of this person's condition on their ability to function expected to last for?

- ☐ Less than 3 months
- ☐ 3-12 months
- ☐ 13-24 months
- ☐ More than 24 months

Within the next 2 years the effect of this condition on the person's ability to function is expected to:

- ☐ Resolve
- ☐ Significantly improve
- ☐ Slightly improve
- ☐ Fluctuate
- ☐ Remain unchanged
- ☐ Deteriorate
- ☐ Uncertain

Give details: