**Guide for Initial Urinary Catheter Interview**

1. **Which race do you identify with? [check all that apply]**

|  |  |  |
| --- | --- | --- |
|  | 1 - | American Indian or Alaskan Native |
|  | 2 - | Asian |
|  | 3 - | Black or African American |
|  | 4 - | Native, Hawaiian or Other Pacific Islander |
|  | 5 - | White |
|  | 6 - | Prefer not to answer |
|  | 7 - | More than one race |

1. **Do you have any Hispanic or Latino heritage?**

|  |  |  |
| --- | --- | --- |
|  | 1 - | Hispanic or Latino |
|  | 2 - | Not Hispanic or Latino |
|  | 3 - | Prefer not to answer |

**c) (ONLY ASK WOMEN) Are you currently pregnant?**

|  |  |  |
| --- | --- | --- |
|  | 1 - | Yes |
|  | 2 - | No |
|  | 3 - | Prefer not to answer |
|  | 4 - | Not Applicable (Male) |

1. **Do you still have the catheter in place?**

|  |  |
| --- | --- |
|  | **Yes** [VISUALLY VERIFY] |
|  | **No** [IF PATIENT NO LONGER HAS A CATHETER, ANSWER QUESTIONS 2, 3, 5 AND 6 [SKIP QUESTION 4]] |

1. **What type of catheter was placed?**

|  |  |
| --- | --- |
|  | A catheter that is inserted into your bladder through your genitals (Indwelling catheter) |
|  |
|  | A catheter that is inserted into your bladder through your genitals and removed immediately after draining the bladder (this is performed several times a day) (ISC) **[IMMEDIATELY STOP INTERVIEW]** |
|  |
|  | A catheter that fits over your penis like a condom (Condom Catheter) **[MEN ONLY]** |
|  |
|  | Don’t Know |

1. **Can you tell me the reason why the catheter was placed?**

|  |  |
| --- | --- |
|  | Patient has acute urinary retention or bladder outlet obstruction |
|  | Need for accurate measurements of urinary output |
|  | To assist in healing of open sacral or perineal wounds in incontinent patients |
|  | Patient required prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures) |
|  |
|  | To improve comfort for end of life care |
|  | Long-term indwelling catheter (included suprapubic or post-operative  procedure)  |
|  |
|  | Perioperative use for selected surgical procedures  |
|  | Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Don’t know |

1. **Is the current urinary catheter…**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  | **No** | **Patient Comments** |
| Comfortable? |  |  |  |
| Painful?If yes, rate: 0-10 scale |  |  | (0=No pain/10=Worst pain) \_\_\_\_\_\_\_\_\_ |
| Convenient? |  |  |  |
| Restricting your daily activity? |  |  |  |
| Causing you embarrassment? |  |  |  |

1. **Now I have some questions about the catheter placement:**
	1. **Who placed the catheter**

|  |  |
| --- | --- |
|  | Nurse (RN, LPN) |
|  | Nursing assistant or technician |
|  | Physician non-urology – attending |
|  | Physician non-urology – house staff  |
|  | Physician urology – attending |
|  | Physician urology – house staff  |
|  | Medical student |
|  | Mid-level provider (NP, PA) |
|  | Don’t know |
|  | Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 1. **Was there more than one attempt to place the catheter?**

|  |  |
| --- | --- |
|  | Yes Specify number of attempts \_\_\_\_\_\_ |
|  | No |
|  | Don’t Know |

* 1. **Did the insertion require more than one person?**

|  |  |
| --- | --- |
|  | Yes  |
|  | No |
|  | Don’t Know |

* 1. **Did you experience any pain/discomfort/bleeding/other trauma? If yes, were there any interventions (medications/procedures) to address the complication?**

|  |  |
| --- | --- |
|  | Yes – Interventions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Don’t Know |

1. **Do you have any other comments about the urinary catheter?**
2. **American Urological Association (AUA) Symptom Index**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not at all** | **Less than 1 time in 5** | **Less than half the time** | **About half the time** | **More than half the time** | **Almost always** |
| Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating? |  |  |  |  |  |  |
| Over the past month, how often have you had to urinate again less than two hours after you finished urinating?  |  |  |  |  |  |  |
| Over the past month, how often have you found you stopped and started again several times when you urinate? |  |  |  |  |  |  |
| Over the past month, how often have you found it difficult to postpone urination? |  |  |  |  |  |  |
| Over the past month, how often have you had a weak urinary stream? |  |  |  |  |  |  |
| Over the past month, how often have you had to push or strain to begin urination? |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **None** | **1 time** | **2 times** | **3 times** | **4 times** | **5 or more times** |
| Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning? |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Device Details** |
| Over the past month, have you used a urinary collection device? - If yes, what device? -If yes, how long have you used the device  prior to admission? |  |  | **DEVICE:** |
| **\_\_\_\_\_\_\_\_Days \_\_\_\_\_\_\_\_Months \_\_\_\_\_\_\_\_\_Years** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **QUALITY OF LIFE DUE TO URINARY SYMPTOMS** | **Delighted** | **Pleased** | **Mostly****Satisfied** | **Mixed** | **Mostly****Dissatisfied** | **Unhappy** | **Terrible** |
| If you were to spend the rest of your life with your urinary condition just the way it was prior to hospitalization, how would you feel about that? |  |  |  |  |  |  |  |

1. **For patients that have had the catheter removed:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Patient Comments** |
| Do you have any discomfort now that you no longer have the urinary catheter? |  |  |  |
| Is it painful when you urinate?If yes, rate: 0-10 scale |  |  |  [0=No pain/10=Worst pain] \_\_\_\_\_ |
| Is it more convenient without the urinary catheter? |  |  |  |
| Are you able to get up to go to the bathroom when you need to urinate? |  |  |  |
| Is your daily activity affected now that you no longer have the urinary catheter? |  |  |  |
| Are you embarrassed now that you no longer have the urinary catheter? |  |  |  |
| Do have any bleeding from where the urinary catheter entered or was attached to your body? Or other discharge? |  |  |  |
| Do have any blood in your urine? |  |  |  |
| Do have difficulty with starting or stopping your urine stream? |  |  |  |
| Do have any a sense of urgency or bladder spasms? |  |  |  |
| Do you have any other comments about not having the urinary catheter? |  |  |  |

1. **Now I have some questions about the catheter removal:**
	1. **Who removed the catheter?**

|  |  |
| --- | --- |
|  | Nurse (RN, LPN) |
|  | Nursing assistant or technician |
|  | Physician non-urology – attending |
|  | Physician non-urology – house staff  |
|  | Physician urology – attending |
|  | Physician urology – house staff  |
|  | Medical student |
|  | Mid-level provider (NP, PA) |
|  | Don’t Know |
|  | Other Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 1. **Did you experience any pain/discomfort/bleeding/other trauma? If yes, were there any interventions (medications/procedures) to address the complication?**

|  |  |
| --- | --- |
|  | Yes – Interventions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | No |
|  | Don’t Know |

**[\*\*\*REPORT ALL COMPLICATIONS TO THE PT’S NURSE]**

**------End of Survey------**