



TOILETING

Self Assessment

These questions are designed for you to reflect and identify possible concerns related to toileting. Answering these questions can help prompt conversations with your primary care provider or other health services about problems that may be concerning you. You can take this checklist with you to your next appointment as a reminder of what you would like to discuss.

Tick all that apply:

I experience incontinence of urine on a daily basis

I experience bowel incontinence on a daily basis

I experience pain or discomfort when passing urine or bowel motions

I take medications (laxatives) to support bowel movements on a regular basis

Toileting problems impact my ability to participate in activities I usually enjoy

I would like further support to manage a toileting problem

I have never had a bowel screening check or colonoscopy

