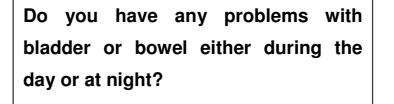
## CONTINENCE

## **FLOW CHART**



If "yes"

When did these problems start?

## If "Longstanding"

- How have you coped the past?
- What impact does this have on your day to day life?
- Does it interfere with your daily activities?

## If the problem is "short term"

- Is it related to any recent health event such as urinary tract infection, flu, pneumonia, stroke?
- You will need to discuss your symptoms with your General Practitioner first.