

Incontinence Management Project: Data Collection Form

Please collect the following information through the end of the prompted voiding project. This information will help us evaluate the project. Rather than record all information at the end, we recommend that you use tally marks to keep track of the information as you go. We are not looking for high numbers; we are looking for accurate numbers. You should feel no pressure to report anything else.

We would like to collect just one form per participating facility. Thus, if several teams at your facility are participating in the project, please consolidate their data into one form when you submit it.

At the end of the project, please fax this form to project manager Annie Rahman at (513) 561-1301. If you have any questions, please contact her at rahmananna@yahoo.com or (513) 561-0996; cell phone: (513) 258-4421.

Thank you for your assistance!

Your facility's name _____

1. Number of residents who completed at least a two-day prompted voiding trial:

2. Of these residents, the number who had an appropriate toileting rate of 66% or higher:

3. How many of the residents in #1 above responded as follows to the follow-up survey question, "Do you like the amount of changing and toileting assistance you have received in the last three (or two) days?" (question #5 in the Motivation/Preference Survey):

Yes _____

No _____

Don't know/No response/Refused: _____

4. Number of residents who continued to receive prompted voiding following the trial:
