Continence Screening Form

To be completed within 48 hours of resident’s admission or if there is a change in their continence status.

If the resident is unable to answer these questions, please complete using your observations or by asking a family member or other staff member.

Bladder Health

1. Does the resident go to the toilet more than 6 times in the day to pass urine? □ Yes □ No □ Don’t know

2. Does the resident get up more than once during the night to pass urine? □ Yes □ No □ Don’t know

3. Does the resident leak urine? □ Yes □ No □ Don’t know

4. Does the resident have any other bladder problems (ie. difficulties passing urine and/or pain)? □ Yes □ No □ Don’t know

Bowel Health

5. Has the resident lost control of or leaked bowel motions? □ Yes □ No □ Don’t know

6. Does the resident have any other bowel difficulties (ie. constipation or diarrhoea)? □ Yes □ No □ Don’t know

Pad Usage

7. Does the resident wear pads? □ Yes □ No □ Don’t know

8. Does the resident have to change his/her underclothes or wear protection because of bladder or bowel leakage or soiling? □ Yes □ No □ Don’t know

If you ticked YES or DON’T KNOW to any of these questions, please:

- Complete Bladder Chart and Bowel Chart