**Continence Worksheet 1 (Outcome): Use Tracking Document A**

**Step 1:** List the names of each resident in the LTC home on the last day of the month in Column 1

**Step 2:** Using a check mark, indicate the level of continence for each resident in the LTC home in Column 2, 3, 4, or 5

**Step 3:** Indicate the number of residents frequently incontinent of urine on Continence Worksheet 1 (Outcome)

**Data for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization/Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** |
| **Name of each resident in the LTC home on the last day of the month\*** | **Continence Self-Control Categories** |
| **Usually Continent** | **Occasionally Incontinent** | **Frequently Incontinent** | **Incontinent** |
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| Total number of residents:  | Total residents usually continent:  | Total residents occasionally incontinent | Total residents frequently incontinent:  | Total residents incontinent:  |

**\*Exclusions: Indwelling catheter, comatose patients or ostomy (from RAI-MDS indicators)**