

Instructions: Record results of a toileting trial with *one* resident for *one* day of the assessment trial. Each resident should receive toileting assistance every two hours between 8 am and 4 pm, for a total of 4 times on each day of the assessment trial. There is space below to record results for 4 toileting assistance attempts. Complete 3 forms per resident for a full toileting trial.

Date: _____

Day of Trial: ___ 1st ___ 2nd ___ 3rd

Time: _____ at 1st check _____ at 2nd check _____ at 3rd check _____ at 4th check

1. Resident's condition at check (circle one for each check):

1st check:	2nd check:	3rd check:	4th check:
Dry	Dry	Dry	Dry
Wet	Wet	Wet	Wet
Bowel	Bowel	Bowel	Bowel
Wet and bowel	Wet and bowel	Wet and bowel	Wet and bowel

2. Toileting outcome (circle one for each check):

1st check:	2nd check:	3rd check:	4th check:
Refused	Refused	Refused	Refused
Dry run*	Dry run	Dry run	Dry run
Urine	Urine	Urine	Urine
Bowel	Bowel	Bowel	Bowel
Urine and bowel	Urine and bowel	Urine and bowel	Urine and bowel

* A "dry run" means that the resident attempted to toilet but failed to void.

3. Resident's reaction to checks and prompts (circle one for each check):

1st check:	2nd check:	3rd check:	4th check:
Self-initiates	Self-initiates	Self-initiates	Self-initiates
Cooperates-neutral	Cooperates-neutral	Cooperates-neutral	Cooperates-neutral
Cooperates-reluctant	Cooperates-reluctant	Cooperates-reluctant	Cooperates-reluctant
Uncooperative	Uncooperative	Uncooperative	Uncooperative

4. Level of assistance resident needed to toilet (circle one for each check):

1st check:	2nd check:	3rd check:	4th check:
Independent	Independent	Independent	Independent
Stand-by asst.	Stand-by asst.	Stand-by asst.	Stand-by asst.
Needs help of 1 person			
Needs help of 2 persons			

Toileting Trial Procedure

1. Contact resident every **two hours** during the day (at least four checks per day).
2. Ask the resident if he/she is wet or dry.
3. Check resident for wetness and give feedback on whether the resident self report was correct or incorrect (e.g., “Yes, Mrs. Jones, you are dry.”).

Record whether resident was wet or dry on the trial form (#1).

4. Whether wet or dry, ask: “Would you like to use the toileting (or urinal)?”

• **If Yes:**

- i. Assist him/her with toileting
- ii. Give positive reinforcement: Spend an extra minute or two conversing with him or her.
- iii. Record the results on toileting trial form (# 2, 3, 4)***

• **If No:**

- i. If the resident has not attempted to void in the last **four hours**, repeat the request to use the toilet once or twice before leaving, and assist with toileting if needed.
- ii. If the resident is wet and declines to use the toilet, change him or her.
- iii. Inform the resident you will be back in **two hours** and request that the resident try to delay voiding until then.
- iv. Record the results on toileting trial form (# 2, 3, 4)***