

CAPTA Course: Resident Data Form

Dear Project Liaison: Please collect and report the following information for each resident who completed a 3-day toileting assistance trial during the course of this project. This information will help us evaluate the project.

Please fax, email, or send this form to Principal Investigator Annie Rahman (fax: 513.529.1476; Address: Scripps Gerontology Center, Miami University, Upham Hall Room 396, Oxford, OH 45056-1879). If you have any questions, please contact Ms. Rahman at rahmanan@muohio.edu or (513) 258-4421.

1. Your facility's name _____

Please complete just one form for each assessed resident. We do not need resident names or any other identifying information.

2. What was the resident's appropriate toileting rate:

66% or higher

50% - 65%

35% - 49%

34% or lower

Don't know or unable to calculate

3a. After the toileting trial, did you or a staff member ask this resident, "Do you like the amount of changing and toileting assistance you have received in the last three (or two) days?"

Yes

No

Don't know

3b. If yes, how did the resident respond:

Resident liked the toileting assistance

Resident wanted less toileting assistance

Resident wanted more toileting assistance

Resident expressed no opinion regarding toileting assistance

Don't know

4. Is this resident continuing to receive prompted voiding toileting assistance (check the single, most appropriate response)?

Yes, resident receives two-hour prompted voiding assistance

Resident receives two-hour toileting assistance but no prompting

Resident is managed on a check and change program

Resident is being further evaluated; no care plan has yet been established for this resident

Don't know

Thank you for your assistance