

# Continence Assessment

Please use this form to assess incontinence need. Write the number that best describes the incontinence level. Add the assessment numbers for the total score and select the appropriate category of product based on the total score.

### Continence Level - Urinary

- 0 = *Continent*; individual is not incontinent
- 1 = *Usually continent*; individual is rarely incontinent; may have one episode per week
- 2 = *Occasionally incontinent*; may have a couple of episodes a week; but not daily
- 3 = *Frequently incontinent*; incontinent daily; but may have periods of continence
- 4 = *Incontinent*; multiple episodes of incontinence throughout the whole day

### Continence Amount - Urinary

- 0 = *Continent*
- 1 = *Light*; less the 3.4 oz. per episode
- 2 = *Moderate*; 3.4 - 10.1 oz. per episode
- 4 = *Heavy*; 10.1 - 16.9 oz. per episode
- 6 = *Super Heavy*; greater than 16.9 oz. per episode

### Continence Level - Bowel

- 0 = *Continent*; no fecal episodes
- 2 = *Light*; occasional fecal smears
- 4 = *Moderate*; occasional fecal episodes
- 6 = *Incontinent*; fecal incontinence

### Toileting Ability/Mobility

- 0 = *No assistance*; ambulatory
- 1 = *Minimal assistance*; may need a little help with sitting up
- 2 = *Moderate assistance*; needs physical assistance from at least one caregiver
- 4 = *Unable/immobile*; unable to ambulate to bathroom/cannot use commode or bedpan

### Mental/Physical/Level of Orientation

- 0 = *Oriented*; the ability to communicate
- 2 = *Slightly confused*; sometimes communicates needs
- 4 = *Confused*; unable to communicate needs
- 6 = *Skin condition is fair to poor*; breakdown exists or is likely

### Total Score

Use the total score to find the best solutions for the appropriate incontinence level. (See **Score Column** to Identify **Product Category**)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26

### Protection Level

Light



Moderate



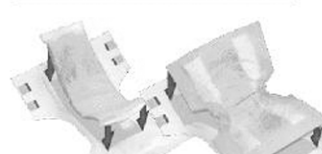
Heavy



Maximum



Added



## C.U.P. Capacity Under Pressure

The measure of “fluid capacity” of ALL Tranquility absorbent products uses a test method that simulates wearing conditions. The test exerts **pressure** on the product after saturation.

The amount of moisture that is retained after pressure is applied, is the value that is displayed on packaging and reported in catalogs as **ACTUAL** fluid capacity for each absorbent product and every size. Absorbent products absorb more fluid under “free-swell” conditions than they can retain under pressure.

Loved ones that are using incontinence products are sitting, standing, walking, and lying down – all of which exert pressure on the product.

Loving caregivers are acutely aware that **RETENTION** is a key factor in incontinence management.

**1<sup>1</sup> = 8 oz = 236 ml**  
**C.U.P. = Capacity Under Pressure**  
 Liquid absorbed by product that cannot be forced out

Feel confident in choosing Tranquility as your incontinence solution. There is a full line of all sizes and levels of protection from which to select. And every one is backed by the **Peach Mat Guarantee**® that promises skin dryness, odor reduction, pH neutralization and inhibition of bacterial growth.

**Call the Tranquility Care Center with your “score” for a confidential consultation and FREE samples of a product just right for you or your loved one!**

**1-800-467-3224**

Visit [www.tranquilityproducts.com](http://www.tranquilityproducts.com) for more information.