Prevail®'s

CAREGIVER TOOLS & RESOURCE GUIDE

Did you have a bowel movement today? YES NO

If yes, how many times? _____

If no, when was the last time you had a bowel movement?

1-2 days ago 3-4 days ago More than 4 days ago

BOWEL ACTIVITY

	URINE ACTIVITY			ACCIDENTS		
TIME	DRINKS		If urination occurred, note whether the volume was small, medium, or large in the correct time window.	If an incontinence event occurs, note whether the volume was small, medium, or large in the correct time window.	Was there an urge to urinate before the accident?	What activity was occurring at the time?
	Kind	Volume				
SAMPLE	Coffee	2 Cups	S/M/L	S/M/L	Yes/No	Sneezing
6-7AM			S/M/L	S/M/L	Yes/No	
7-8AM			S/M/L	S/M/L	Yes/No	
8-9AM			S/M/L	S/M/L	Yes/No	
9-10AM			S/M/L	S/M/L	Yes/No	
10-11AM			S/M/L	S/M/L	Yes/No	
11AM-12PM			S/M/L	S/M/L	Yes/No	
12-1PM			S/M/L	S/M/L	Yes/No	
1-2PM			S/M/L	S/M/L	Yes/No	
2-3PM			S/M/L	S/M/L	Yes/No	
3-4PM			S/M/L	S/M/L	Yes/No	
4-5PM			S/M/L	S/M/L	Yes/No	
5-6PM			S/M/L	S/M/L	Yes/No	
6-7PM			S/M/L	S/M/L	Yes/No	
7-8PM			S/M/L	S/M/L	Yes/No	
8-9PM			S/M/L	S/M/L	Yes/No	

Prevail®

24/7 PREVAIL eNURSE™

1-866-573-3776

1-800-853-0961

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