

Aria Court Nursing Home Trial Evaluation

# Abena Report



## Thank you

On behalf of Abena UK, we thank you for your co-operation and support of the Abena Contenance Product Evaluation within your establishment.

Abena has a comprehensive range of continence products and we pride ourselves highly in providing outstanding quality which keeps their comfort and dignity at the forefront.

By working together in partnership with the staff at Aria Court, with the clinical support of Abena's Lead Nurse Advisor Marcia Lee, we have demonstrated powerful patient and cost centred justifications for an early conversion to Abena products, and we look forward to working with the home over the coming months.

Once again, thank you for your participation in the Abena continence product trial.

**Julia Harrison**  
CEO – Managing Director  
Abena UK Limited





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# General Information

**Nursing Home:**

Aria Court Nursing Home

**Tel No:**

01354 653816

**Abena Contact at Home:**

Lorna Smith and Mandy Jackson

**Abena Personnel:**

Marcia Lee, Lead Nurse Advisor  
Tel: 07712 761378



Alison Weller, Business Development Manager

Tel: 07967 029837



## Evaluation Summary

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**33.3%**

Pad reduction whilst using Abena products

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**100%**

Reduction in wet clothes whilst using Abena products

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**100%**

Bed wets whilst using Abena products

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**£16,744**

Annual savings based on a reduction in bed wets

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**Invaluable**

“Hidden” saving in staff time

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**80%**

Of care staff asked, said they would use Abena products again

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# UK incontinence in context

Incontinence is a common and complex condition affecting people of all ages and from all social and cultural backgrounds.

It affects approximately six million people in the UK; It is estimated that 70-80% of all those people with a problem can be effectively cured<sup>1</sup>.

However, the prevalence in long stay facilities is high. 1 in 3 people in Residential homes are incontinent and 2 in 3 in nursing homes<sup>2</sup>.

It is therefore important that people with incontinence, who require Residential or Nursing care, are identified, assessed, appropriately managed and treated<sup>3</sup>.

Assessing residents and implementing a program of care takes time and for many residents, incontinence will be a long term condition. Dependence on products becomes a necessity in order to maintain their dignity and enable them to carry out their normal daily activities.

A product for incontinent residents should be chosen to meet the individual's clinical needs. It should be discreet to wear, comfortable, have appropriate absorbency levels and easy to fit, as well as being cost effective<sup>4</sup>.

Abena produce a range of washable and disposable incontinence products, providing quality, choice and cost effectiveness. The aim of this product evaluation was to establish an opinion in the overall performance of the Abena range of products as opposed to the current products being used within the centre.

The evaluation was conducted at five Caring Homes Nursing Homes in the UK.

Abena would like to take this opportunity to thank residents and staff within the home for their contribution to this evaluation.

## References

1. Journal of Community Nursing, December 1997, Vol. 11, Issue 12
2. D.H. Department of Health "Good Practice in Continence Services" 2000
3. Making the Case for an Integrated Continence Service. CF 2000
4. Community Outlook, June 1992



# Evaluation Report

## Products to be Evaluated

The product evaluation was conducted over a period of two weeks and commenced on 6th August 2018.

The aim of the evaluation was to report the performance of the Abena range of products in comparison to the current Tena ranges of products used within the Nursing Home.

Following discussions with Aria Court Nursing Home's staff on the unit, a more personalised approach to continence care has been implemented, making full use of Abena's wide range of products to best suit the individual's needs.

Current Products 	Abena Equivalent Products (to be evaluated) 
Tena Slip Plus Medium	Abri-Form Premium M2
Tena Slip Plus Large	Abri-Form Premium L2
Tena Comfort Extra	Abri-San Premium 7
Tena Comfort Super	Abri-San Premium 9
	Abri-San Premium 10

## Design

Tena Slip and Abri-Form Premium are all-in-one products. Tena Comfort and Abri-San Premium are shaped pads/

The key features being:

- Fluff pulp with super absorbents
- Elasticated leakage barriers
- Dry Top layer
- Wetness indicator
- Fully breathable backsheet



## Criteria for Evaluation

The criteria for evaluation of products were as follows:

1. Number of pad changes
2. Number of leaking pads i.e. wet clothes / wet bed

Comments were made by the staff and documented with reference to:

- Ease of use
- Comfort
- Absorbency/ leakage
- Odour
- Skin Condition

## Evaluation Methodology

9 residents were chosen to take part in the evaluation.

### *Week One*

Evaluation of current products took place. Staff were given the product evaluation forms and instructed on how to complete them. (See appendix 1)

### *Week Two*

Education was given to staff on the correct selection and application of Abena products. Abena products were introduced into the Nursing Home to enable both staff and service users to familiarise themselves with their application.

Abena products continued to be used and the overall performance was documented on the product evaluation forms. (See appendix 2)

During the final week of the evaluation all staff were asked to complete a questionnaire asking their opinion on using the Abena products. (See appendix 3)

During the evaluation period education and support was provided by the Abena team.

A final report was submitted to the appropriate personnel on the outcome/findings of the evaluation.



### Documentation required:

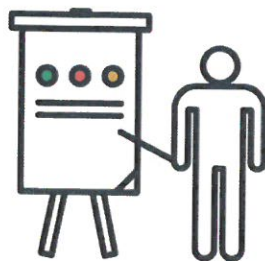
- Product Evaluation folder containing evaluation forms and questionnaires.
- Comparison Charts.

### Education

Education and training was given to all levels of day and night staff regarding the following:

- Completing the evaluation forms
- Comparisons between current products and Abena products.
- Appropriate selection, application and usage of Abena products.

These sessions took place week commencing 6<sup>th</sup> August 2018 and further training during the week was offered by the Nurse Advisor to offer support and monitor progress.



# Summary

## Key Evaluation Findings:



The number of **wet clothes** was reduced by **100%** and the number of **wet beds** was reduced by **100%** (Figure 1) when using Abena products during the 48 hour data collection period.

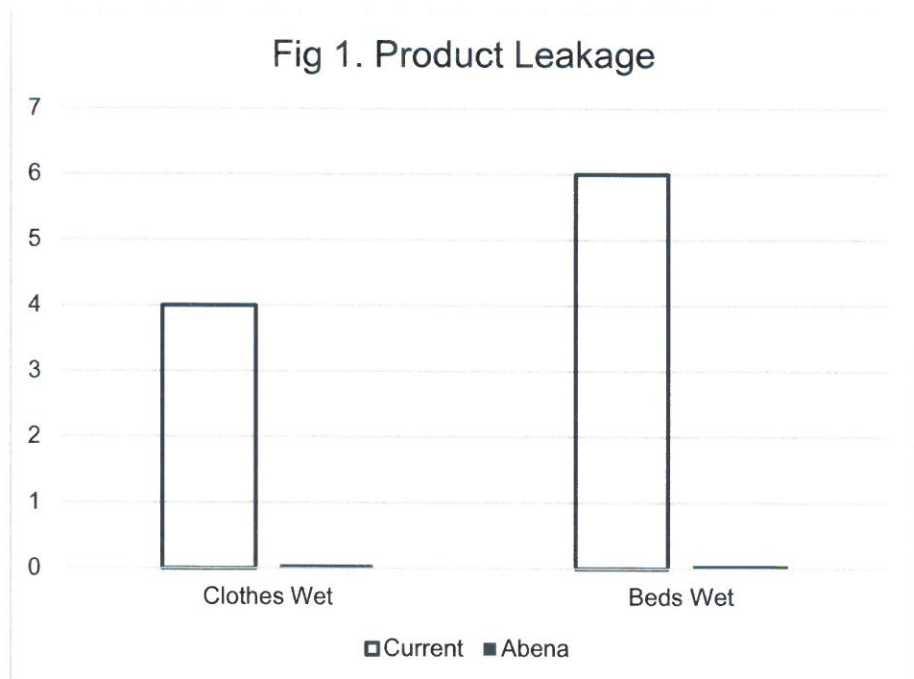


The reduction in bed wets gives an estimated yearly saving of 11,163 bed changes which equates to £16,744 for the **whole Nursing Home\***



Additional “hidden” savings can be made when considering the invaluable time it takes for staff members changing the bedding.

Figure 1. Product Leakage

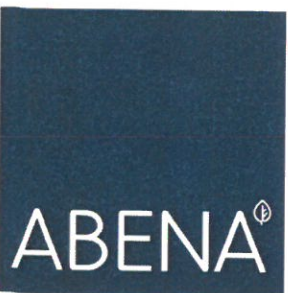
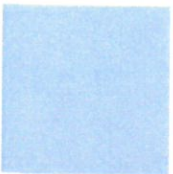
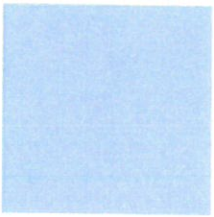
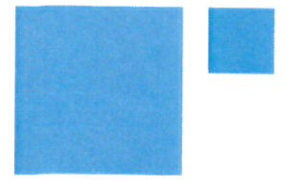
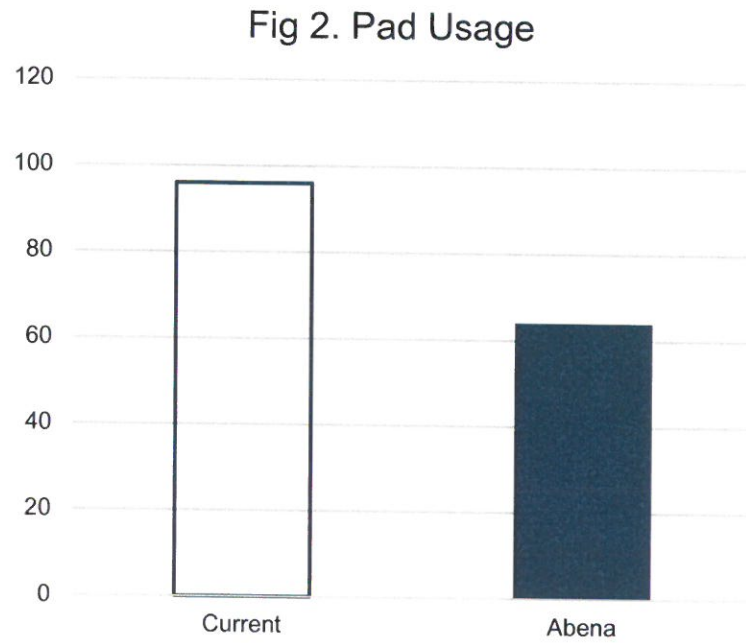


\*The bed wet laundering cost saving is calculated based on the 48 hour data being multiplied up to give a yearly estimate for 92 people in the Nursing Home, and is based on the average cost of laundering a full bed (2 pillow cases, a flat sheet, a blanket and a fitted sheet)



The number of **Abena pads used was 33.3% lower** than that for current products used (Figure 2).

**Figure 2. Pad Usage**





### Key Nurse Responses:

- 800% of people rated ease of use and skin condition when using Abena Incontinence products as “Excellent/Good”.
- 73% of people rated patient comfort when using Abena incontinence products as “Excellent/Good”.
- 70% of people rated urine / faecal containment when using Abena incontinence products as “Excellent/Good”.
- 70% of people had an overall opinion of the Abena incontinence products as “Excellent/Good”.
- 80% of people would choose to use Abena Incontinence products again.

### Notes

- After the staff received training from Abena on the correct selection and application of products, it enabled them to recognise that some of the residents within the unit needed re-assessing due to a change in the resident’s needs.
- Further potential cost savings can be achieved and implemented for the rest of Aria Court Nursing Home with support from the Abena Nurse Advisor.
- Following the Abena Nurse Advisor and the staff at Aria Court Nursing Home working in partnership; a personalised approach to Continence care has been applied for each resident, ensuring that the product that best suits the individual’s needs is being used.
- On this occasion Abena were unable to provide a cost comparison based on a stock count as the invoicing information was not provided by Aria Court Nursing Home.



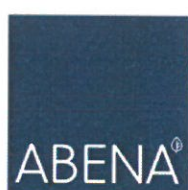
## Recommendations

Based on the findings of this evaluation report, Abena UK Ltd respectfully makes the following recommendations to Aria Court Nursing Home:

- That all persons requiring disposables for the management of their Contenance convert on a planned conversion programme to Abena.
- That all Care Staff receive further product training from the Abena Nurse Advisor regarding product application and changing pads.
- On conversion to Abena, our Company Representatives and Nurse Advisors will work in partnership with all health care workers and staff. Continued support and education will be given on an “as required” basis for as long as the unit continues to use Abena products.



We would like to thank everyone involved for the opportunity of evaluating the quality range of Abena Contenance products. We believe that we have demonstrated powerful patient and cost centred justifications for an early conversion to Abena products, and we look forward to working with the home over the coming months.

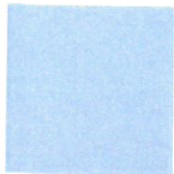
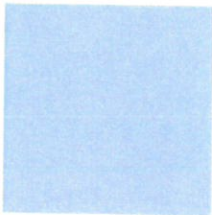
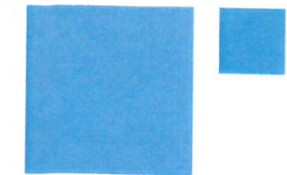


*Marcia Lee : Abena Lead Nurse Advisor*

*Alison Weller : Business Development Manager*

*Report compiled by Freya Phillips, Senior Product Manager, August 2018*

**Appendix 1: Product evaluation forms on current products**



# Product Evaluation Form

Patient Reference: Rm 27 EU

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Court Pads Used: Tena Comfort (Large)

Link Nurse: \_\_\_\_\_ 1. Current Product: yellow pad Description: slip pad

Start Date: 6/8/18 2. Current Product: green Description: slip pad

Time	14:50	16:50	18:50	20:20	22														Total Ticks
Current pad	yellow	yellow	green	green															
Capacity used	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	<input type="checkbox"/> Under <input checked="" type="checkbox"/> Over	
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# Product Evaluation Form

Patient Reference: Rm 35 DE

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Court

Tono

Pads Used:

Link Nurse: \_\_\_\_\_  
 1. Current Product: Large Plus Description: All in One  
 2. Current Product: \_\_\_\_\_

Start Date: 6/8/18

Description: \_\_\_\_\_

Time	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks	
<b>Day 1</b>																		
Current pad																		
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothes wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beds wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time	02:50	12:00	13:00	19:05	22:25												2	
Current pad																		
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faecal soiled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothes wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beds wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time	02:25	07:38	11:10														1	
Current pad																		
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faecal soiled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothes wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beds wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time	02:25	07:38	11:10														2	
Current pad																		
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Faecal soiled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clothes wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beds wet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time	02:25	07:38	11:10														1	

# Product Evaluation Form

Patient Reference: Rm 37. P.T.

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Sault

Pads Used: 2000

Link Nurse: \_\_\_\_\_

1. Current Product: Large Plus Description: all in one

Start Date: 6/8/18

2. Current Product: \_\_\_\_\_

Description: \_\_\_\_\_

Time	16:50	23:20	02:50																Total Ticks
Current pad																			
Capacity used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time	02:30	07:40	12:20	16:10	23:15	02:25													
Current pad																			
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time	02:25	05:33	11:40																
Current pad																			
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 1	6/8																		
Day 2	7/8																		
Day 3	8/8																		

# Product Evaluation Form

Patient Reference: Rm 8 P.B.

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Court Pads Used:

Two Comfort.

Link Nurse: \_\_\_\_\_

1. Current Product: yellow

Description: ~~Slip~~ Slip pad

Start Date: 6/18/18

2. Current Product: green

Description: Slip pad

Day	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks
Day 1 6/18	22:25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	05:55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															1
	8:20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	15:26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	19:30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Day 2 7/18	05:55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	8:20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	15:26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	19:30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	22:00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															2
Day 3 8/18	05:55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	8:20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	11:45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	14:59	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	02:30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															1
Day 3 8/18	05:55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	8:20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	11:45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	14:59	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	02:30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															4
Day 3 8/18	05:55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	8:20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	11:45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	14:59	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	02:30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															1

# Product Evaluation Form

Patient Reference: Rm 11 J.T.

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Court

Pads Used: two

Link Nurse: \_\_\_\_\_  
 1. Current Product: Large Plus Description: all in one

Start Date: 6/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_  
2pm start.

Time	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks
Day 1 6/8															
Time	16:15	18:30													
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4
Time	02:30	07:00	12:05	15:44	18:45	22:45									
Day 2 7/8															
Time	02:40	06:55	8:20	15:00											
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5
Day 3 8/8															
Time	02:40	06:55	8:20	15:00											
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3



# Product Evaluation Form

Patient Reference: Ln 17 JC

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Am Court

Tono

Pads Used:

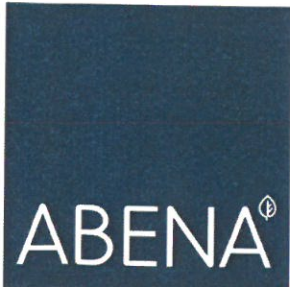
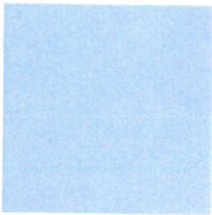
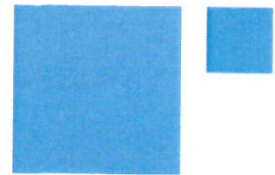
Link Nurse: \_\_\_\_\_ 1. Current Product: Large plus Description: all in one

Start Date: 6/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Day	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Total Ticks						
Day 1 6/8	15:30	Large Plus	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	19:30	2ISS	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over									3					
Day 2 7/8	02:05	n/y	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	06:45		<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over									4					
Day 3 8/8	02:25		<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	05:55		<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over	<input checked="" type="checkbox"/> Under <input type="checkbox"/> Over									2					



**Appendix 2: Product Evaluation forms on Abena products**





# Product Evaluation Form

Patient Reference: Ln 27 EH

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Aria South

Pads Used:

Link Nurse: \_\_\_\_\_

1. Current Product: Yellow

Description: San 7

Start Date: 12/8/18

2. Current Product: Green

Description: San 9

Time	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Total Ticks
Day 1 12/8													
Current pad													
Capacity used													
Faecal soiled													
Pad changed													
Clothes wet													
Beds wet													
Time													
8:42													
10:40													
12:25													
Day 2 13/8													
Current pad													
Capacity used													
Faecal soiled													
Pad changed													
Clothes wet													
Beds wet													
Time													
8:20													
10:20													
Day 3 14/8													
Current pad													
Capacity used													
Faecal soiled													
Pad changed													
Clothes wet													
Beds wet													

# Product Evaluation Form

Patient Reference: Rm 31 BH

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ang Court

Pads Used:

Link Nurse: \_\_\_\_\_  
 1. Current Product: All in One Description: L2  
 Start Date: 12/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Time	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks
Day 1 12/8													
Current pad													
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Time													
Current pad													
Capacity used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
Time													
Current pad													
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Day 2 13/8													
Current pad													
Capacity used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time													
Current pad													
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 3 14/8													
Current pad													
Capacity used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beds wet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Product Evaluation Form

Patient Reference: Em 35 DE

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ana Coult Pads Used: \_\_\_\_\_

Link Nurse: \_\_\_\_\_ 1. Current Product: All in One Description: L2

Start Date: 12/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Day	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks
Day 1 <u>12/8</u>	Time	<u>14:20</u>	<u>20:37</u>															
	Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
	Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															3
Time	<u>08:00</u>	<u>07:35</u>	<u>10:30</u>															
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															3
Time	<u>02:10</u>	<u>7:23</u>	<u>12:00</u>															
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															3
Day 3 <u>14/8</u>	Time																	
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															

# Product Evaluation Form

Patient Reference: Rm 37 P.T

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: ANA COLA

Pads Used:

Link Nurse: \_\_\_\_\_ 1. Current Product: All in One Description: L2

Start Date: 12/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Time	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Total Ticks
Day 1 12/8		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1
Current pad		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Capacity used		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Pad changed		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Clothes wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Beds wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Time		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Day 2 13/8		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	3
Current pad		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Capacity used		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Pad changed		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Clothes wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Beds wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Time		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Day 3 14/8		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1
Current pad		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Capacity used		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Faecal soiled		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Pad changed		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Clothes wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Beds wet		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

# Product Evaluation Form

Patient Reference: Rm 8 PB

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: ANA COURT

Pads Used:

Link Nurse: \_\_\_\_\_ 1. Current Product: yellow Description: San7

Start Date: 12/8/18 2. Current Product: green Description: San9

Time	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Under half	Over half	Total Ticks
Day 1 12/8	14:47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	16:50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19:15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21:15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Current pad															
Capacity used															
Faecal soiled		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Pad changed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Clothes wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Beds wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					3
Time	2:48		4:31		2pm					10pm					
Day 2 13/8															
Current pad															
Capacity used															
Faecal soiled		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Pad changed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Clothes wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Beds wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					3
Time	0225		11:30												
Day 3 14/8															
Current pad															
Capacity used															
Faecal soiled		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Pad changed		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Clothes wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
Beds wet		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					2





# Product Evaluation Form

Patient Reference: Rm 17 JC

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: ANA SUITA

Pads Used:

Link Nurse: \_\_\_\_\_ 1. Current Product: All in One Description: L2.

Start Date: 12/8/18 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Day	Time	Current pad	Capacity used	Faecal soiled	Pad changed	Clothes wet	Beds wet	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Under	Over	Total Ticks	
Day 1 12/8	16:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	22:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		02:20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Day 2 13/8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		08:50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		11:20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Day 3 14/8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



# Product Evaluation Form

Patient Reference: Rn 5. AK

In order to conduct a successful product evaluation and be able to feedback accurate results, we need your co-operation in providing a full 48 hours worth of data within the week. This involves filling in the following information and then throughout the week, accurately recording in the tables below, stating the time and using a "tick" in the boxes for each time a pad is checked, whether the pad is under or half full, whether it has been faecally soiled and whether or not the patient had wet clothes or bedding.

Ward/Unit/Home: Ang Couf.

Pads Used:

Link Nurse: \_\_\_\_\_ 1. Current Product: All in One Description: L2.

Start Date: 12/8/18. 2. Current Product: \_\_\_\_\_ Description: \_\_\_\_\_

Time	19:00	10:30																	Total Ticks
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Time	3:15	07:10	22:35																
Current pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time	02:20	10:45																	
Current pad	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faecal soiled	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pad changed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Beds wet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Appendix 3: Questionnaires

# ABENA

## Evaluation Feedback Form

Home: Aria Court

Date: 14-8-18

Please give your opinion on the performance of the products being evaluated compared to the Incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

**Additional comments:**

\_\_\_\_\_

\_\_\_\_\_

Signature: [Signature] Designation: \_\_\_\_\_

# ABENA

## Evaluation Feedback Form

Home: ARIA COURT

Date: 13/08/18

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

Signature: MESHBY

Designation: Carex

ABENA

Evaluation Feedback Form

Home: Heron

Date: 13.08.18

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

Signature: [Signature]

Designation: \_\_\_\_\_

# ABENA

## Evaluation Feedback Form

Home: Arca Court

Date: 12/8/18

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

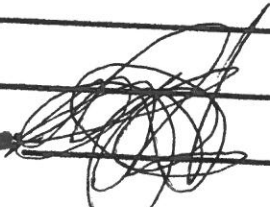
**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
**Signature:**  **Designation:** \_\_\_\_\_

ABENA  
Evaluation Feedback Form

Home: ARIA COURT

Date: 12/8/18.

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/feces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

Signature: 

Designation: \_\_\_\_\_

# ABENA

## Evaluation Feedback Form

Home: Aria court care home

Date: 12.8.18

Please give your opinion on the performance of the products being evaluated compared to the Incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

---

---

Signature: [Signature]

Designation: heron court



ABENA

Evaluation Feedback Form

Home: Arca court care home

Date: 12.8.18

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

Signature: [Signature]

Designation: Heron court

ABENA

Evaluation Feedback Form

Home: Acia Court

Date: 14/8/18

Please give your opinion on the performance of the products being evaluated compared to the Incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

Excellent  Good  Average  Poor  Very Poor

**Q4: Skin condition**

Excellent  Good  Average  Poor  Very Poor

**Q5: Would you use this product again?**

Yes  No

**Q6: Overall opinion (evaluation of product suitability for purpose)**

Excellent  Good  Average  Poor  Very Poor

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
Signature: [Signature] Designation: \_\_\_\_\_

# ABENA

## Evaluation Feedback Form

Home: Aria Court

Date: 12/8/18

Please give your opinion on the performance of the products being evaluated compared to the incontinence product currently being used.

**Q1: Ease of Use**

Excellent  Good  Average  Poor  Very Poor

**Q2: Patient Comfort (ie softness, wrinkling, movement)**

Excellent  Good  Average  Poor  Very Poor

**Q3: Urine/faeces containment**

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**Q4: Skin condition**

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**Q5: Would you use this product again?**

Yes  No

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Excellent  Good  Average  Poor  Very Poor

Additional comments:

Signature: [Signature]

Designation: \_\_\_\_\_

Home: \_\_\_\_\_

Date: \_\_\_\_\_

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Additional comments:

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