

Conditions to consider:

Assess the following and checkmark if it applies.

- Heavy Voids / Wetness**
- Problems with Leakage**
Uncertainty about fluid/hydration
(How much water to drink?)
- Bowel Incontinence**
Add a booster pad
- Urine Odor**
- Interrupted Sleep**
- Medications that Cause Incontinence**
- Limitation in Mobility**
At-risk for or a history of falls
- Dementia**
- Fragile Skin**
- History of UTIs / Skin Breakdown**
- Caregiver Fatigue**
- Combative Behavior**
Daytime irritability
- Obesity-Related Mobility and Care**

Total the check marks

Compare total check marks to the guide on the right for a suggested product.

- Yes, I would like more information about Tranquility® incontinence products and would like to participate in their confidential free sample program. In checking this box, I am allowing Principle Business Enterprises, Inc. (PBE) and their subsidiaries (Tranquility and Comfort Plus Online) to contact me directly on behalf of**

[Agency name]

Print Name: _____

Signature: _____

Phone: (_____) _____ - _____

Date: _____

[Agency logo]

1 - 4 Check marks
Light to Moderate



Personal Care Pads

4 - 7 Check marks
Moderate to Heavy



Premium DayTime™ Underwear

Tape-tab Briefs

7 - 13 Check marks
Heavy to Maximum



Premium OverNight™ Underwear

Tape-tab Briefs

Bariatric Briefs



Booster Pads



Underpads