



ILLINOIS FOUNDATION FOR QUALITY HEALTH CARE

Weekly Random Wet Checks

Week of _____

Resident	Date	Day of the Week	Time	Check (dry, wet, bowel, B&B)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Wetness Rate for the week ____%