**RESIDENT Self-Bathing Skills Assessment:**

**CHG Showering**

***Please record resident responses after the resident showered with CHG liquid.***

|  |
| --- |
| **Questions** |

1. **Were you provided a handout with instructions on how to apply the CHG liquid in the shower?**

**Y**  **N**

1. **Were you told that CHG kills germs better than regular soap and water?**

**Y**  **N**

1. **Did you soap up twice with CHG before rinsing?**

**Y**  **N**

1. **Were you told NOT to use other bathing soaps or lotions while in this nursing home?**

**Y**  **N**

1. **Were you told to bathe or shower with CHG while in this nursing home?**

**Y**  **N**

1. **Did you or an assistant clean your lines, tubes, and/or drains with a CHG cloth after showering?**

**Y**  **N**  **N/A**

1. **Did you or an assistant clean your wounds with a CHG cloth after showering?**

**Y**  **N**  **N/A**