Modified ostomy skin tool

Patient reported outcome

Coloplast Group – Ostomy Care / Continence Care / Wound & Skin Care / Urology Care

Coloplast

Patient questionnaire

Patient number: _ _ _ _ _ _ _ _ **Date:** _ _/_ _/_ _ _ _

Instructions

These questions should be completed by the patient themselves. *The following questions ask about the* ***skin complications*** *you experience* ***around your stoma*** *(from the stoma site to the edge of the stoma bag adhesive). Please answer each question thinking about* ***right now when changing your product.***

Question 1. Do you experience any **bleeding from the skin** around your stoma **right now** when changing your product? (tick one box only)

☐	☐
Experiencing	Not experiencing

Question 2. Once you have cleaned and dried the skin, do you still experience any **weeping or moisture on the skin** around your stoma **right now** when changing your product? (tick one box only)

☐	☐
Experiencing	Not experiencing

Question 3. Are you experiencing any **ulcers or sores** around your stoma **right now** when changing your product? (tick one box only)

☐	☐
Experiencing	Not experiencing

Instructions

The following questions ask about the ***skin complications*** *you experience* ***around your stoma*** *(from the stoma site to the edge of the stoma bag adhesive). Please answer each question thinking about the period* ***since you last changed your product until now.***

Question 4. Please rate on a scale from 0-10 how **itchy** the skin around your stoma has been <u>at its worst</u> since you last changed your product (tick one box only)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0 No itch	1 Very mild itch	2	3	4	5	6	7	8	9	10 Worst possible peristomal skin itch

Patient questionnaire

Patient number: _ _ _ _ _ _ _ **Date:** _ _/_ _/_ _ _ _

Question 5. Please rate on a scale from 0-10 how **painful** the skin around your stoma has been at its worst since you last changed your product (tick one box only)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0 No pain	1 Very mild pain	2	3	4	5	6	7	8	9	10 Worst possible peristomal skin pain

Question 6. Please rate on a scale from 0-10 any **burning** feelings from the skin around your stoma at its worst since you last changed your product (tick one box only)

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0 No burning	1 Very mild burning	2	3	4	5	6	7	8	9	10 Worst possible peristomal skin burning