

	A	B
1	Drainable Ostomy Pouch Survey by Mike ET, 2005	Ostomate's date of birth is: / /
2	Purpose of this survey is an attempt to better understand how an ostomate views the impact of the currently used pouch design, construction and size features upon daily life routines.	Ostomate's State of residence is:
3	Please indicate your willingness and consent to complete this survey by entering only your initials here: _____ (we wish to protect your privacy and will not ask or expect you to include any other additional personal information).	
4	Mark an X or enter requested response, date, age or number in column adjacent to question or statement that pertains to your situation	Mark your responses in this column
5	General demographics (everyone answers this section)	
6	Date survey completed (mm/dd/yy)	
7	Current age at time of survey?	
8	Age at time of initial ostomy?	
9	Male	
10	Female	
11	Height (in inches)	
12	Weight (in pounds)	
13	Year ostomy was initially created? (yyyy)	
14	You have a colostomy	
15	You have an ileostomy	
16	You have an urinary ostomy	
17	You have both a fecal and urinary ostomy - mark with two XXs	
18	The ostomy permanent	
19	The ostomy temporary	
20	The ostomy is less than six months	
21	The ostomy is between six months and twelve months	
22	The ostomy is between one and two years	
23	The ostomy is between two and five years	
24	The ostomy is between five and ten years	
25	The ostomy is between ten and fifteen years	
26	The ostomy is between fifteen and twenty years	
27	The ostomy is more than twenty years	
28	Stoma revision issues (answer only if this applies to you)	
29	If ostomy was revised, age at time of first revision?	
30	Year of first revision? (yyyy)	
31	You had first stoma revision to the original stoma site	
32	You had first stoma revision to the opposite side of your original stoma site	
33	You have had more than one revision - mark total number of revisions to date	

	A	B
34	If you have had more than one revision, mark date of last revision	
35	Has there been an increase in ostomy outputs since revision(s)? (yes or no)	
36		A little bit more
37		Quite a bit more
38		A whole lot more
39	Current stoma location - answer all that apply (everyone answers)	
40	Current stoma is on your left side of the abdomen	
41	Current stoma is on your right side of the abdomen	
42	Current stoma is in the middle of your abdomen	
43	Current stoma is situated above your belly button (navel)	
44	Current stoma is situated below your belly button (navel)	
45	Current stoma is situated in your belly button (navel)	
46	Current stoma is situated above your waist or belt line	
47	Current stoma is situated below your waist or belt line	
48	Current stoma is situated at your waist or belt line	
49	Daily average outputs of current stoma (everyone answers)	
50	Ignoring the gas, daily average amount of output is perceived as high	
51	Ignoring the gas, daily average amount of output is perceived as normal	
52	Ignoring the gas, daily average amount of output is perceived as low	
53	Ignoring the gas, do you know the average daily amount of output? (yes or no)	
54	Ignoring the gas, if you know the average daily output, please enter amount as ounces or cc.	
55	Pouch identity (everyone answers)	
56	Do you know actual brand, model number and size of your current pouch? (yes or no)	
57	If known, identify pouch manufacturer brand.	
58	If known, identify pouch model or reorder number.	
59	If known, identify pouch size as small, medium, large, etc.	
60	Gas issues (answer only if this applies to you)	
61	Are you troubled by gas buildup or ballooning of the pouch? (yes or no)	
62		Seldom (once a day or less)
63		Often (two to three times a day)
64		All the time
65	If pouch has gas filter, does it work well enough to suit you? (yes or no)	
66	If pouch has filter, does it prevent odor escape for you? (yes or no)	
67	If pouch has filter, does the filter work for one day at least? (yes or no)	
68	If pouch has filter, does the filter work for two days at least? (yes or no)	
69	If pouch has filter, does it work for three days at least? (yes or no)	
70	Pouch emptying routines when not asleep (everyone answers)	
71	Select the appropriate time frame for pouch emptying frequencies from list immediately below: (pick the category that closely represents your situation)	

	A	B
72	You normally empty the pouch every two hours	
73	You normally empty the pouch every three hours	
74	You normally empty the pouch every four hours	
75	You normally empty the pouch every five hours	
76	Select appropriate pouch fullness status when emptying pouch:	
77	You normally empty when pouch is one fourth full	
78	You normally empty when pouch is one third full	
79	You normally empty when pouch is one half full	
80	You normally empty when pouch is three quarters full	
81	You normally empty when pouch is full	
82	Unusual volume outputs (answer only if this applies to you)	
83	Indicate in applicable adjacent column how often you experience excess or unusual volume outputs into the pouch. (pick the category that comes closest to your experiences)	
84	Never	
85	Seldom	
86	Once daily	
87	Twice daily	
88	Three times daily	
89	Once weekly	
90	Twice weekly	
91	Three times weekly	
92	Most of the time	
93	All the time	
94	Do you use medications or diet to decrease stool frequency or output? (yes or no)	
95	Seldom	
96	Regularly	
97	Rarely	
98	Do you use medications or diet to increase stool frequency or output? (yes or no)	
99	Seldom	
100	Regularly	
101	Rarely	
102	Do you use medications or diet to decrease urine output? (yes or no)	
103	Seldom	
104	Regularly	
105	Rarely	
106	Do you use medications or diet to increase urine frequency or output? (yes or no)	
107	Seldom	
108	Regularly	
109	Rarely	
110	Pouch size perceptions (everyone answers)	
111	Pouch perceived by you to be just right in volume capacity	
112	Pouch perceived by you to be too small in volume capacity	
113	Pouch perceived by you to be too large in volume capacity	

	A	B
114	Wish a larger capacity pouch to permit prolonged or less frequent emptying cycles while awake	
115	Pouch perceived as just right in size	
116	Pouch perceived as just right in width	
117	Pouch perceived as just right in length	
118	Pouch perceived as too small in size	
119	Pouch perceived as too narrow in width	
120	Pouch perceived as too short in length	
121	Pouch perceived as too large in size	
122	Pouch perceived as too wide	
123	Pouch perceived as too long	
124	Pouch sticks out above your waist or belt line	
125	Pouch has influenced clothing size choices	
126	Pouch has influenced the way you wear your clothes	
127	Do not tuck shirt or blouse in because of pouch	
128	Pouch interferes with clothing belt	
129	Pouch caused you to switch to using suspenders	
130	Sleep issues related to pouch - answer all that apply (everyone answers)	
131	How many hours of sleep do you normally experience or achieve? (pick the best range)	
132	Five hours or less	
133	Five to eight hours	
134	Eight hours or more	
135	Does the pouch normally interfere with your sleep routines? (yes or no)	
136	Awaken to empty the pouch	
137	Awaken to ensure connecting tubing is letting urine flow into bedside drainage bag	
138	Awaken worrying about the pouch	
139	Awaken to empty gas from the pouch	
140	If are you awakened to empty the pouch, how often does this occur?	
141	Once during sleep	
142	Twice during sleep	
143	Three times during sleep	
144	More than three times during sleep	
145	If you are awakened to a leaking pouch, skin or barrier seal from an overfilling pouch during your sleep, how often does this occur within a month?	
146	Regularly (at least nightly)	
147	Often (at least once a week)	
148	Infrequently (less than twice a month)	
149	Rarely (once a month or less)	
150	Never	
151	Perceive pouch capacity or size as interfering with sleep	

	A	B
152	Perceive pouch capacity or size as interfering with preferred or desired positioning for sleep	
153	Perceive pouch capacity or size as contributing to leaks	
154	Do you wish a larger capacity pouch to permit uninterrupted sleep cycles? (yes or no)	
155	Pouch appearance perceptions - answer all that apply (everyone answers)	
156	You feel the pouch size currently used by you hampers your daily activities	
157	You wish you did not have to empty your pouch so often during daily activities	
158	The pouch is perceived as too flimsy	
159	The pouch is perceived as too rigid	
160	The pouch material is perceived as quiet	
161	The pouch material is perceived as noisy	
162	As the pouch is filling it distorts enough to annoy or displease you	
163	The pouch interferes with your clothing style choices	
164	The pouch interferes with your clothed appearance	
165	The pouch has a liner or cover on the skin side	
166	You like the pouch liner or cover on the skin side	
167	You dislike the pouch liner or cover on the skin side	
168	The pouch has a liner or cover on the front side	
169	You like the liner or cover on the front side	
170	You dislike the liner or cover on the front side	
171	You use your own choice of a separate and removable pouch cover	
172	Private parts issues (everyone answers)	
173	The pouch gets in the way of your private parts, i.e., the genital area:	
174	All the time	
175	As it is filling up	
176	When it is getting quite full	
177	Seldom	
178	Rarely	
179	Never	
180	Private parts protection - answer all that apply (everyone answers)	
181	You prevent the pouch from interfering with your genital parts by:	
182	Placing it on an angle away from the area	
183	Folding the pouch away from the area	
184	Wearing the pouch outside the underclothes	
185	Wearing a shorter pouch	
186	Wearing a longer pouch	
187	Snugging the pouch between skin and underclothes	
188	Using underclothes that have a special pocket for the pouch	
189	Avoiding underclothes altogether	
190	Survey impressions - answer all that apply (everyone answers)	

	A	B
191	You gained some additional insights about the topic after completing this survey	
192	You were more confused about the topic after answering this survey	
193	You were annoyed by answering this survey	
194	You felt it asked too many questions on this topic	
195	You felt it did not ask enough questions on this topic	
196	You felt it did not ask the right questions on this topic	
197	You felt the questions were unclear or confusing	
198	You felt the questions were clear and understandable	
199	Overall, you felt it was a poor survey on this topic	
200	Overall, you felt it was a good survey on this topic	
	You may use the remainder of this page to add commentary or notes about pouch size and shape	
201	issues that you feel this survey missed. Please print or write your comments in a legible fashion.	
202		Thank you,
203		Mike ET