

Patient name: _____ Date: _____

Patient Reported Outcome questionnaire

Go through the questionnaire with the patient and record their answers for later use in the Decision Tree on the next page.

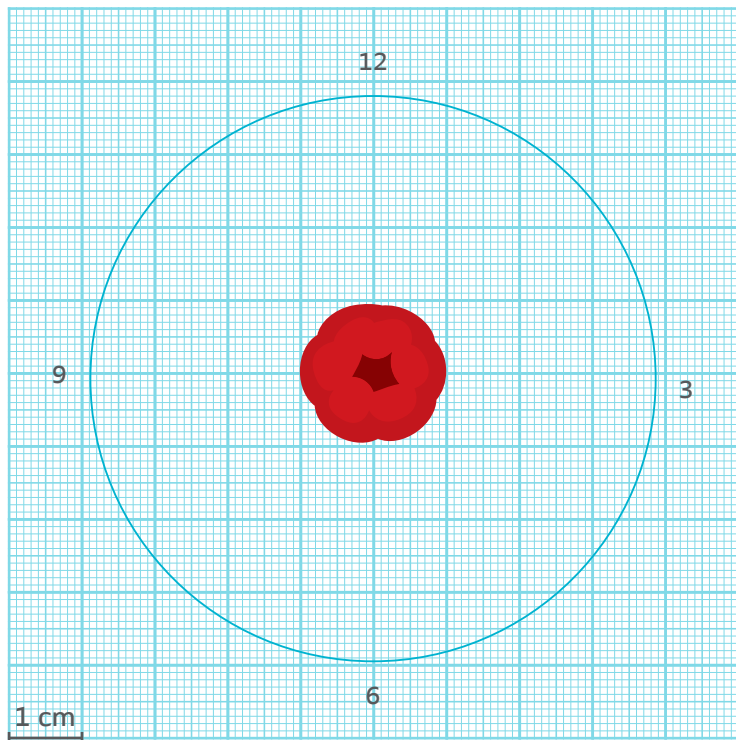
Q1. Are you experiencing any ulcers or sores around your stoma right now when changing your product?	<input type="radio"/> Experiencing <input type="radio"/> Not experiencing
Q2. Do you experience any bleeding from the skin around your stoma right now when changing your product?	<input type="radio"/> Experiencing <input type="radio"/> Not experiencing
Q3. 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?	<input type="radio"/> Experiencing <input type="radio"/> Not experiencing
Q4. Please rate on a scale from 0-10 how itchy the skin around your stoma has been at its worst since you last changed your product.	<div> <div>0 1 2 3 4 5 6 7 8 9 10</div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div>0 = none 1 = very mild 10 = worst possible</div> </div>
Q5. 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.	<div> <div>0 1 2 3 4 5 6 7 8 9 10</div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div>0 = none 1 = very mild 10 = worst possible</div> </div>
Q6. 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.	<div> <div>0 1 2 3 4 5 6 7 8 9 10</div> <div> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div>0 = none 1 = very mild 10 = worst possible</div> </div>

PIB score:*

*The PIB (Pain, Itching, Burning) score is the highest score recorded for either question 4, 5 or 6. So, if the answer to one question is 8 and the other two are 7 and 3, then the PIB score is 8.

Assessment of the patient's discoloured skin

Observe and assess the patient's peristomal skin for discoloration and tissue overgrowth. Indicate the size and area of the discolored skin below.



Additional notes:

[illegible]

Size of discoloured area

- ☐ Discoloured area > 10cm²
- ☐ Discoloured area < 10cm²

Tissue overgrowth?*

- ☐ Yes
- ☐ No

*Excessive formation and build up of normal cells and tissue protruding from the skin surface.