National Procurement

NHS National Services Scotland

PRODUCT EVALUATION FORM

PRODUCT _____
MANUFACTURER_____
PRODUCT CODE_____

Section 1 : To Be Completed By the Ostomist

1) Sex: Male Female Age _____

2) Date of operation _____

3) Type of stoma: Ileostomy Colostomy Urostomy

4) Current Product: _____

With regards to the following how does the new product compare to your current pouch

5) **Shape:** Better Worse Same

6) **Outlet for emptying: (If appropriate)** Easier More Difficult Same

7) **Noise from pouch:** Quieter Noiser Same

8) **Did you experience ballooning:** More Less Same

9) **Did you experience Pancaking:** More Less Same

10) **Was removing the backing paper :** Easier More Difficult Same

POSITIVE ABOUT DISABLED PEOPLE
INVESTORS IN PEOPLE

Chairman David Campbell CBE
Chief Executive Stuart Bain

11) **Residue on skin after removing the pouch:** More Less Same

Please feel free to add any additional comments with regards to trying this product:

_____
_____
_____
_____
_____
_____

The Stoma Advisory Group would like to thank you for trying this product and for completing this form.

If you would like to discuss any matter regarding this trial or would like further information about the work of the group please contact your local Stoma Care Nurse who would be happy to discuss this with you.

Section 2 : To Be Completed By The Stoma Care Nurse

This section gives the Stoma Care Nurse an opportunity to make comment on any aspect of the pouch

_____
_____
_____
_____
_____

Recommendation for addition to Scottish Drug Tariff : ***Y / N***