



True Friends  
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Office Use Only  
Session \_\_\_\_\_  
Cabin \_\_\_\_\_  
Cabin Copy \_\_\_\_\_  
Nurse Copy \_\_\_\_\_

## Catheter and Colostomy Information Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program.  
Please plan to spend time with direct care staff and nurses to demonstrate/ assist with the first feeding/ medication.

Name: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Instructions For: (Check any that apply) Catheter \_\_\_\_\_ Type (Indwelling, external Ex. Condom): \_\_\_\_\_  
Ostomy \_\_\_\_\_ Type (Ileostomy Colostomy): \_\_\_\_\_

TO ENSURE CARE IS GIVEN IN THE MANNER IN WHICH THE PARTICIPANT IS ACCUSTOMED TO, INCLUDE COMPLETE INSTRUCTIONS FOR CLEANING, CHANGING, SKIN CARE and ANY OTHER INFORMATION:

BRING ALL SUPPLIES NEEDED FOR YOUR STAY INCLUDING ONE EXTRA DAY.

Does participant care for catheter/ostomy independently? \_\_\_\_\_

Needs assistance \_\_\_\_\_ Needs total help \_\_\_\_\_

How often does participant need to be cathed? \_\_\_\_\_

Date originally inserted/placed \_\_\_\_\_

When was the last time it was changed? \_\_\_\_\_

Average amount of urine collected during cathing: \_\_\_\_\_

24-hour output \_\_\_\_\_

Steps on cathing care and cath: (position, supplies, cleaning technique, normal vs. abnormal output, appearance)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Special tips or tricks to note?: \_\_\_\_\_  
\_\_\_\_\_

### Leg bag support

What time(s) is bag to be emptied? \_\_\_\_\_

How often is the bag changed? \_\_\_\_\_ Is bag changed before or after shower. \_\_\_\_\_

Steps on Ostomy care and Change: (position, supplies, cleaning technique)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Special tips or tricks to note?: \_\_\_\_\_  
\_\_\_\_\_

Additional information:

Person Completing Form \_\_\_\_\_ Relationship To Participant \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_