



Questionnaire For Use of Transanal Irrigation System

Customer Name: _____ DOB: _____ RIN: _____

1. Does the customer have an established diagnosis of neurogenic bowel dysfunction (NBD)?

Yes No

2. Specify type of NBD:

Reflexic Areflexic

3. What is the primary underlying diagnosis that resulted in NBD?

Spina bifida:

- Meningocele:
 Myelomeningocele:
 Lipomyelomeningocele:

Specify level on spine: _____

Spinal cord injury traumatic:

Specify level on spine: _____

ASIA Impairment Scale: _____

Spinal cord insult nontraumatic:

Diagnosis: _____

Specify level on spine: _____

Other (specify): _____

4. Date of onset of diagnosis entered in item #3: _____

5. Has the customer undergone a surgical procedure for management of the NBD such as the MACE procedure or cecostomy?

Yes No

Specify procedure and date completed: _____

6. If the answer to item #5 is No, is a surgical procedure being considered for management of the neurogenic bowel?

Yes No



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7. Complete the following table:

Bowel Management Regimen	Currently Using	Previously Used	Duration
Anorectal or perianal digital stimulation			
Digital removal			
Suppositories*			
Enemas			
Colonic stimulants (i.e., senna, bisacodyl)			
Osmotic agents (i.e., polyethylene glycol, lactulose, magnesium hydroxide)			
Stool softeners (i.e., docusate sodium)			
Bulk forming agents (i.e, fiber supplements)			
Abdominal massage			
Dietary manipulation			
Transanal irrigation system			

*Specify type of suppositories: _____

8. What is the time spent using the current bowel management program?

Number of days per week: _____

Number of hours per day spent on bowel management on those given days:

Less than 1 hour 1-2 hours 3-4 hours More than 4 hours

9. Using the current bowel management regimen:

What is the frequency of successful bowel evacuation? _____

What is the frequency of fecal incontinence? _____

If transanal irrigation system is presently being used:

When was it started? _____

What is the frequency of use? _____

What is the frequency of clear return? _____



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10. Does the customer have a history of autonomic dysreflexia?

Yes No

11. How many urinary tract infections have there been in the past 12 months? _____

12. Have any urinary tract infections resulted in:

Pyelonephritis: Yes No

Sepsis: Yes No

Deterioration of renal function: Yes No

13. Has use of anticholinergic agents been minimized or eliminated?

Yes No Does not apply

14. After appropriate training is the customer or the customer's caregiver physically and cognitively capable of utilizing the transanal irrigation system as intended?

Yes No

15. Does the customer have any of the following:

	Yes	No
Hemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>
Anal fissure	<input type="checkbox"/>	<input type="checkbox"/>
Rectal prolapse	<input type="checkbox"/>	<input type="checkbox"/>
Other diagnosis related to gastrointestinal tract*	<input type="checkbox"/>	<input type="checkbox"/>
Surgery or procedure on gastrointestinal tract*	<input type="checkbox"/>	<input type="checkbox"/>
Currently pregnant or plan to conceive during use of this system	<input type="checkbox"/>	<input type="checkbox"/>

*Specify: _____

Please print name of practitioner completing this questionnaire including professional degree:

Signature of practitioner: _____ Date: _____