## Heylo<sup>™</sup> Leakage impact assessment



Name	NHS No.
SCN	Hospital
Date	

## When thinking about your stoma and leakage over the last 2 weeks ...

	Never	Rarely	Sometimes	Often	Continually
I worry I am going to leak	1	2	3	4	5
Which means that:					
I feel overwhelmed	1	2	3	4	5
I am unable to sleep	1	2	3	4	5
I check my stoma bag for leakage	1	2	3	4	5
I change my stoma bag before it is needed just in case it may leak	1	2	3	4	5
I choose to stay at home	1	2	3	4	5
I avoid close physical contact with family and friends	1	2	3	4	5
I struggle to do the things that I enjoy	1	2	3	4	5
I struggle with my daily responsibilities/work	1	2	3	4	5
		Total score			

(Please select one answer per question)

How many times have you leaked over the last 2 weeks? Please state:		
Is your stoma template greater that 80mm in diameter?	YES	NO
Is your output consistently wet/mushy?	YES	NO
Do you have access to, and are able to use a smartphone?	iPhone	Android No

These guidelines are a broad indication of suitability for Heylo. Please refer to the IFU for full details for use.

