

**Retrofit Bidet Clinical Trial response form for Carers of Bidet Users**

**Bidet Carer**

Survey for Carer of Patients and Bidet users.

These questions may be completed multiple times for one or many uses of a bidet during the BIDET Clinical Trial.

○ Circle your answer      \* Indicates required question

# This questionnaire will be de-identified. Please do not record personal contact details on this form.

1. Have you signed the Informed Consent Form? \*

Yes      No

2. Is a staff member present throughout the procedure to verbally / physically prompt the user/patient and maintain safety?

Yes      No

3. What age range matches the user of the bidet?

18 - 30 years    31 - 40 years    41 - 50 years    51 - 60 years    61 - 70 years

71 - 80 years    81 - 90 years    91+ years

4. What state does the user/patient match?

Queensland – Qld      New South Wales – NSW      Victoria - Vic

South Australia – SA    Tasmania – Tas      Western Australia – WA

Northern Territory – NT      Australian Capital Territory – ACT

5. What gender does the user/patient match?

Female      Male

**Please rate and indicate 1 – 5 (1 = Not very effective | 5 = Very effective)**

6. How effective did you find the Bidet?

Not very effective |    1      2      3      4      5      | Very effective

7. Please make Comments / Additional Information on your perspective on the use of the bidet and/or complete any of the questions below.

8. Ease of use of the bidet?

Not very effective |    1      2      3      4      5      | Very effective

9. Was the seat comfortable for your patient?

Not very effective |    1      2      3      4      5      | Very effective

10. Was the water pressure comfortable for your patient?

Not very effective |    1      2      3      4      5      | Very effective

11. How happy were you with the cleansing of your patient?

Not very effective |    1      2      3      4      5      | Very effective

12. How easy is the bidet to maintain and clean?

(only complete if you clean the bidet)

Not very effective |    1      2      3      4      5      | Very effective

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**Informed Consent Form**

Only ever to be completed once before the start of the multiple survey for Carers of Patients & Bidet users

**Retrofit Bidet Clinical Trial**

H24003 – Improving the Well-being of Clients with Healthcare Needs Using the Retrofit Bidet

Researchers: Associate Professor Niusha Shafiabady and Associate Professor Rosemarie Hogan.

# Full copy of the Participant Information Sheet (This is yours to keep for reference) and Informed Consent Form can be downloaded from <https://intelicorp.com.au/intelicorp-tbs-retrofit-bidet-clinical-trial>

I have read {or had read to me} the Plain English Information Sheet which explains what this research project is about, and I understand it.

I have had a chance to ask questions about the project, and I am comfortable with the answers that I have been given. I know that I can ask more questions whenever I like.

I have volunteered to participate in the research. I know that I do not have to participate in it if I don't want to. I know this it will be taken over a duration of 8 weeks

I know that I am free to withdraw at any time. If I do withdraw there will be no bad consequences for me.

I know that the researchers will keep my information confidential so far as the law allows.

I know that I won't get paid for participating in the research project.

This trial may offer participants access to the newest bidet technology. InteliCorp seek the chance to play an active role in patient's own health care.

There will be no direct reimbursement benefit to you from your participation in this research.

Collected data might be used again for future research, unless requested to be removed by you after this study.

There may be an incidence whereby on your withdrawal the data cannot be identified and/or withdrawn, all attempts to remove your de-identified data will be made

I have read this Informed Consent Form and I agree with it {OR appropriate format for oral consent}.

Signed by the research participant: \_\_\_\_\_

Name of the research participant: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to having an audio tape made of the interview:

Yes  No (if no, I will be able to still participate)

Signed [or orally confirmed] by the research participant: \_\_\_\_\_

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Only answer the following questions if they are relevant to your patient.

13. The patient adjusts own clothing to use toilet / commode (lowers trousers, underpants, etc unassisted)  
Independent    Supervision    Prompting    Physical Assistance
14. Additional comments for previous question:

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15. The patient positions / sits on toilet, pan or commode by themselves  
Independent    Supervision    Prompting    Physical Assistance
16. Additional comments for previous question:

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17. The patient cleanses self / wipes sufficiently (uses toilet paper, etc)  
Independent    Supervision    Prompting    Physical Assistance
18. Additional comments for previous question:

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19. The patient wipes peri-anal area  
Independent    Supervision    Prompting    Physical Assistance
20. Additional comments for previous question:

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21. The patient adjusts own clothing after toileting / redresses (pulls up underwear, applies pad, does up fly / belt, tucks in shirt, etc unassisted)  
Independent    Supervision    Prompting    Physical Assistance
22. Additional comments for previous question:

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23. Are any continence aids used (i.e. pads / kylies)?  
Yes    No
24. If you selected yes for previous question, please specify.

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25. Does the patient have a history of incontinence of urine or faecal matter?  
Yes    No
26. If you selected yes for previous question, please specify.

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27. Does the patient have a history of constipation?

Yes No

28. Does the patient have physical limitations or a medical issue contributing to incontinence?

Yes No

29. If you selected yes for previous question, please specify.

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30. Does the patient wash their hands?

Yes No

31. Does the patient have a catheter?

Yes No

32. Does the patient have a Colostomy / Ileostomy?

Yes No

33. How likely are you to recommend the use of a bidet to others with similar conditions?

Very Low | 1 2 3 4 5 | Very High

34. Please add additional reasons/comments to your recommendation or any additional information?

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Thank you for completing this Clinical Trial response form. We encourage you to complete as many forms as possible. The more data we collect the more accurate our analysis will be – all this goes towards improvements in the mental and physical health of Carers and their patients.