Cleveland Clinic
Digestive Disease & Surgery Institute

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WOCNEP Preceptor Clinical Stats Survey

Preceptor's Name _____ **Date** _____

Please identify for each category below the number of patients that you have seen within your nursing practice over the past 12 months.

Category	Acute Care	Ambulatory Care (outpatient)	Home Care & Hospice	ECF/SNF	Other
Colostomy					
Ileostomy					
Urostomy					
Continent Ileostomy					
Continent Urostomy					
Surgical Wounds					
Fistula & Drains					
Pressure Injuries					
Venous Ulcers					
Neuropathic Ulcers or Foot Care Clinic					
Lower Extremity					
Arterial Ulcers					
Skin Irritation or Infection					
Urinary Incontinence / Bladder Program					
Fecal Incontinence / Bowel Program					
Other Areas Not Mentioned					