

Your feedback is important to us!

At Optimum Medical, we believe in constantly creating better. We do all we can to ensure our products are as good as they can be – and to develop new products to meet patients’ needs more effectively. We value your feedback, and always use it to fine-tune and perfect our products.

Thank you in advance for taking the time to fill in the evaluation form below:

YOUR DETAILS:

Name: _____

Job title: _____

Department: _____

Name of hospital/organisation: _____

What procedure are you using **OptiLube Active CHG Free** for? _____

What length of time passed after applying the jelly before inserting the catheter? _____

QUESTIONNAIRE:

1) How did you find the following aspects of OptiLube Active CHG Free? **Strongly disagree** **Disagree** **Neither agree nor disagree** **Agree** **Strongly agree**

Packaging

• The blister packaging was easy to open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The sterile syringe was easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The IFU and product labelling were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OptiLube Active CHG Free can be used in a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product & Features

• The product provided sufficient lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The product was suitably viscous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The product improved patient comfort during the procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Are the following features and benefits important for this type of product?

• Available in 6ml and 11ml syringes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sterile single use syringe for infection prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Lidocaine 2% to improve patient comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Absence of Chlorhexidine Gluconate (0.05%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Controlled and precise application of jelly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reduced risk of suction or tissue damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Are you currently using another lubricating jelly? If so, which one? _____

4) Any further comments? (E.g. positive reported outcomes) _____

Please return the completed evaluation form to feedback@optimummedical.co.uk.

