

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 **Tubes & Sachets** for? _____

QUESTIONNAIRE:

1) How did you find the following aspects of OptiLube?

Packaging	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
• Ease of opening the package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The sachets/tube were 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"/>

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?

• Range of sizes and packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Single use (sachets, reach and smaller tubes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Up to 3 months use after opening (tubes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to use tubes for multiple applications	<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.

