



## 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:

Name:  Phone no:

Email address:

I am a: patient  carer  healthcare professional

If a healthcare professional: Job Title:

Name of workplace:

Please indicate which **Ugo 4 Weeks** box you have evaluated:

**Ugo 4 Weeks 1C**  **Ugo 4 Weeks 2C**  **Ugo 4 Weeks 3C**  **Ugo 4 Weeks 4C**

## Patient information in the Ugo 4 Weeks

I/my patient found the enclosed patient information to be:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Patient friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed and comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am confident that I/my patient can follow the instructions in the user guides and as a result, safely use the **Ugo 4 Weeks**: Yes  No  Don't know

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### Optimum Medical

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## Ugo 4 Weeks Packaging

I/my patient found the packaging for the <b>Ugo 4 Weeks</b> to be:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Discreet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-structured and easy to store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Containing all necessary information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Ordering the Ugo 4 Weeks

I/my patient found

Ordering the **Ugo 4 Weeks** helped me/my patient to know when to re-order:

Yes  No  Don't know

The naming system made re-ordering easy:

Yes  No  Don't know

The **Ugo 4 Weeks** reduced the risk of running out of product:

Yes  No  Don't know

The choice of leg bag options within the **Ugo 4 Weeks** range met my/my patients needs:

Yes  No  Don't know

## Inside the Ugo 4 Weeks...

The **Ugo 4 Weeks** contains many of your favourite products from our **Ugo Urology** range.

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## Ugo Fix Gentle

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The <b>Ugo Fix Gentle</b> easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The rotating clip held the catheter securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Silicone Technology offered secure and gentle fixation to the skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Fix Gentle</b> was applied and removed without discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Fix Gentle</b> was easily repositioned without loss of adhesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/my patient wore the **Ugo Fix Gentle** for  days.

I/my patient was happy with the wear time: Yes  No  Don't know

What catheter fixation devices have you previously used?

How does the **Ugo Fix Gentle** compare to other leg bag support devices you/your patient has previously used?

If you could change something to improve **Ugo Fix Gentle**, what would you change?

I would recommend the **Ugo Fix Gentle** to other patients:

Yes  No  Don't know

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## Ugo Leg Bag

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The <b>Ugo Leg Bag</b> easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Leg Bag</b> comfortable when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lever/T Tap on the <b>Ugo Leg Bag</b> was secure when in the closed position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lever/T Tap was easy to open when draining was required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Leg Bag</b> securely attached to the catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Leg Bag</b> securely attached to the 2L drainage bag for problem-free link drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Leg Bag</b> material used is quiet when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Leg Bag</b> material used is strong and durable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What leg bags have you previously used?

How does the **Ugo Leg Bag** compare to other leg bags you/your patient has previously used?

If you could change something to improve the **Ugo Leg Bag**, what would you change?

The inclusion of the **Ugo Fix Leg Bag Straps** was useful for securing the **Ugo Leg Bag**:

Yes  No  Don't know

I would recommend the **Ugo Leg Bag** to other patients:

Yes  No  Don't know

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## Ugo 2L Drainage Bag

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The <b>Ugo 2L Drainage Bag</b> easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The T Tap was easy to open when draining was required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo 2L Drainage Bag</b> securely attached to the catheter/leg bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material used to be strong and durable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo 2L Drainage Bag</b> hung level on the hanger or stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Hanger</b> was useful for supporting the <b>Ugo 2L Drainage Bag</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How does the **Ugo 2L Drainage Bag** compare to other drainage bags you/your patient has previously used?

If you could change something to improve **Ugo 2L Drainage Bag**, what would you change?

I would recommend the **Ugo 2L Drainage Bag** to other patients:

Yes  No  Don't know

**Additional comments:**

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