



## 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:

Hospital/Clinic name:

What leg bag support devices have you/your patient previously used?

## Packaging

I/my patient found the packaging for the <b>Ugo Fix Bag Belt</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"/>

I/my patient found boxes of 3 **Ugo Fix Bag Belt** sufficient for the wash/wear cycle:

Yes  No  Don't know

Please return the completed evaluation form to [feedback@optimummedical.co.uk](mailto:feedback@optimummedical.co.uk).



## Patient information

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 patient information and as a result, safely use the **Ugo Fix Bag Belt**: Yes  No  Don't know

## Product

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The <b>Ugo Fix Bag Belt</b> easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The <b>Ugo Fix Bag Belt</b> offered comfortable support of the leg bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The grey tab securely held the leg bag through the eyelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The silicone tab securely held the leg bag through the eyelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The contrasting grey silicone tab was easy to see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The one size adjustable strap suitable (65cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approximately how many washes did the **Ugo Fix Bag Belt**(bold) withstand before replacing?

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

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

I would recommend the **Ugo Fix Bag Belt** to other patients:

Yes  No  Don't know

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