



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 catheter fixation devices have you previously used?

Packaging

I/my patient found the packaging for the Ugo Fix Gentle 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"/>

Please return the completed evaluation form to 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 Gentle**:

Yes No Don't know

Product

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The Ugo Fix Gentle 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 Ugo Fix Gentle was applied and removed without discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Fix Gentle 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

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

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

