



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:

For clinician use only

Name: _____ Phone no: _____

Email address: _____

Job Title: _____ Hospital/Clinic name: _____

Patient gender: Male Female Patient age (please state): _____

Which Foley catheter have you previously used?

Please indicate which **Ugo Foley Catheter** you evaluated: **12FR** **14FR** **16FR** **18FR**
(tick more than one if necessary)

Packaging

I/my patient found the packaging for the Ugo Foley Catheter to be:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Discreet					
Easy to open					
Well-structured and easy to store					
Well labelled and with clear sizing					
Containing all necessary information					

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



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www.optimummedical.co.uk

Tel.: +44 (0) 8456 435 479, Fax: +44 (0) 1142 383 826

Email: enquiries@optimummedical.co.uk

Patient information

My patient found the enclosed patient information to be:

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Easy to understand

Detailed and comprehensive

Product

My patient found:

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

The **Ugo Foley Catheter** comfortable when in use

The **Ugo Foley Catheter** securely attached to drainage bag or catheter valve

The **Ugo Foley Catheter** felt secure when balloon was inflated

The balloon on the **Ugo Foley Catheter** was easy to deflate

The **Ugo Foley Catheter** securely fits with catheter fixation device

Implant Card

Did you/your patient find the inclusion of an implant card for the Ugo Foley Catheter useful?
Comments:

Yes

No

Post market clinical evaluation

Did the catheter provide urinary drainage as expected?
Comments:

Yes

No

Did your patient need an indwelling catheter long term?
Comments:

Yes

No

Did your patient experience any medical problems or complications in addition to having the catheter?
Comments:

Yes

No

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Post market clinical evaluation (continued)

How long was the **Ugo Foley Catheter** in place?

Did your patient experience any of the following whilst using the **Ugo Foley Catheter**?

Leakage	Breakage	Encrustation	UTIs
Blockage	Balloon rupture	Bladder pain	Other

If you ticked any of the above, please provide further details:

How does the **Ugo Foley Catheter** compare to other Foley catheters you have previously used?

If you could change something to improve the **Ugo Foley Catheter**, what would you change?

I would recommend the **Ugo Foley Catheter**:

Yes No Don't know

We will use this feedback as evidence for our clinical follow up.
Are you happy for us to contact you if we have any questions regarding your feedback?

Yes No

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