



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:

Which brands of leg bags have you previously used?

Please indicate which **Ugo Leg Bag** you trialled: **Ugo 1C** **Ugo 2C** **Ugo 3C** **Ugo 4C**
 (tick more than one if necessary) **Ugo 5C** **Ugo 6C** **Ugo 7C** **Ugo 8C**
Ugo 1H **Ugo 2H** **Ugo 3H** **Ugo 4H**
Ugo Pro 1C **Ugo Pro 2C** **Ugo Pro 3C** **Ugo Pro 4C**

I/my patient used the **Ugo Fix Leg Bag Straps** included in the box: Yes No

If no, please specify what you used instead:

Packaging

I/my patient found the packaging for the Ugo Leg Bags 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"/>
Well labelled and with clear sizing	<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 Leg Bag**:

Yes No Don't know

Product

I/my patient found:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The Ugo Leg Bag easy to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Leg Bag 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 Ugo Leg Bag 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 Ugo Leg Bag securely attached to the catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Leg Bag 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 Ugo Leg Bag material used is quiet when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ugo Leg Bag material used is strong and durable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

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

Yes No Don't know

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



If you evaluated a Ugo Pro Leg Bag, please answer the below questions:

Product

I/my patient found:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The gloves included in the Ugo Pro Leg Bag pouch were the correct size for me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The apron included in the Ugo Pro Leg Bags pouch was the correct length for me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you use both the apron and gloves included in the **Ugo Pro Leg Bag** pouch?:

Yes No Don't know

If you selected no, please tell us why:

Did you find the inclusion of the gloves and apron help you apply the **Ugo Leg Bag** more efficiently?:

Yes No Don't know

If you selected no, please tell us why:

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

