

**Facility information**

Facility: \_\_\_\_\_

Department: \_\_\_\_\_

**Evaluator information**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How many of the test dressings did you;

Apply:    1   2   3   4

Remove:   1   2   3   4

Observe:   1   2   3   4

What kind of intravascular catheters or percutaneous devices (drains, pins, etc.) did you apply, remove, or observe these dressings on?

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**Product evaluation**

Please rate your perception of the product on the below attributes comparing it to your previous dressing:

	Much worse 1	Worse 2	Same 3	Better 4	Much better 5	NA or unknown 0
Dressing fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentle to skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall dressing performance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Would you be willing to replace your previous dressing with this new dressing?     Yes     No

Comments:

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