

AIRLIFE OPEN™ OXYGEN MASK

To ensure the safety and performance of our products, AirLife® would like your feedback on our AirLife Open™ oxygen mask. Please complete the evaluation form after using the product.

CLINICIAN NAME _____ DATE _____

CLINICIAN TITLE _____

In what unit was the patient treated? ER GCF ICU PACU

Was the patient in respiratory discomfort? YES NO

Please use the space below to write in additional comorbidities or patient characteristics

The ranking is based on a scale of 1 to 5: 1 = Strongly disagree with the statement. 5 = Strongly agree with the statement. If you disagree or strongly disagree with statement, please add comments at the bottom as to why you feel that way.

| LEVEL OF AGREEMENT (CIRCLE ONE FOR EACH STATEMENT) | 1 STRONGLY DISAGREE | 2 DISAGREE | 3 NEUTRAL | 4 AGREE | 5 STRONGLY AGREE |
|---|---------------------------|---------------|--------------|------------|------------------------|
| The AirLife Open oxygen mask allowed the ability for patient communication (i.e. allowed the patient to communicate, eat and drink) | 1 | 2 | 3 | 4 | 5 |
| The AirLife Open oxygen mask reduced the overall number of oxygen therapy devices used by the patient | 1 | 2 | 3 | 4 | 5 |
| The AirLife Open oxygen mask improved workflow during oxygen therapy | 1 | 2 | 3 | 4 | 5 |
| I would recommend the AirLife Open oxygen mask to be available for clinical use | 1 | 2 | 3 | 4 | 5 |
| Would you use this device instead of a simple oxygen mask, venti mask, and/or a non-rebreather mask? | | | | YES | NO |
| Would you use this device during transport? | | | | YES | NO |
| Would you feel comfortable using this device on flow rates lower than 5 LPM? | | | | YES | NO |

ADDITIONAL COMMENTS:
