

# MEDICATION DELIVERY PRODUCT EVALUATION

To ensure the safety and performance of our products, AirLife® would like your feedback on our medication delivery portfolio.

Please complete the evaluation form after using the product.

DATE \_\_\_\_\_

FACILITY / HOSPITAL \_\_\_\_\_

NAME + TITLE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

REF NUMBER \_\_\_\_\_ SAMPLE NUMBER \_\_\_\_\_

ITEM CODE \_\_\_\_\_ PRODUCT NAME \_\_\_\_\_

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	NOT APPLICABLE
The product was easy to assemble	1	2	3	4	5	N/A
The length of treatment time was satisfactory	1	2	3	4	5	N/A
The product design met my needs and the needs of my patient	1	2	3	4	5	N/A
The product performed as I expected	1	2	3	4	5	N/A
I would recommend the use of this product in my facility	1	2	3	4	5	N/A

## ADDITIONAL COMMENTS:

---



---



---



---



---



---