

## AIRFLOW™ MANUAL RESUSCITATOR

To ensure the safety and performance of our products, AirLife™ would like your feedback on our manual resuscitation portfolio.

Please complete the evaluation form after using the product.

DATE \_\_\_\_\_

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

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

DEPARTMENT \_\_\_\_\_

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



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 performance of the AirFlow manual resuscitator is equivalent to or better than the current product	1	2	3	4	5	N/A
The visual indication of the manometer is equivalent to or better than the current product	1	2	3	4	5	N/A
The sampling port functioned as anticipated	1	2	3	4	5	N/A
The bag body functioned as well as or better than my current bag	1	2	3	4	5	N/A
The overall performance of the AirFlow manual resuscitator is clinically acceptable	1	2	3	4	5	N/A

### ADDITIONAL COMMENTS:

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