

SUPERNO₂VA™ ET AND SYSTEM

Please take a few minutes to fill out this survey on the utility and efficacy of the SuperNO₂VA™ Et system. We welcome your feedback and your answers will be kept confidential.

DATE _____

FACILITY / HOSPITAL _____

NAME + TITLE _____

DEPARTMENT _____



PATIENT INFORMATION

Was the patient obese (BMI > 30)? Yes No

Did the patient have a history of OSA? Yes No

Please use the space 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
Easy to use	1	2	3	4	5
Convenient to set up	1	2	3	4	5
Provides patients with an effective means of oxygenation	1	2	3	4	5
Helps mitigate airway obstruction	1	2	3	4	5
I feel comfortable using this device in an outpatient setting	1	2	3	4	5
I would use this device for managing a difficult airway patient	1	2	3	4	5
I would use this system during transport	1	2	3	4	5
I would use this system postoperatively in PACU/ICU	1	2	3	4	5
I would recommend the SuperNO ₂ VA Et system to be purchased at our institution	1	2	3	4	5

ADDITIONAL COMMENTS:
