

Device Evaluation Form Adapted from Centers for Disease Control and Prevention**

http://www.cdc.gov/OralHealth/infection_control/forms.htm 2002

Healthcare satisfaction survey

Date of Evaluation..... 14/05/2020 Survey Number..... 11
 Product Name: The Mouth Protector Guard (MPG)
 Title and Position of the evaluator:..... General Practitioner / Consultant - LEU2C
 Profession of the Evaluator: Nurse..... Doctor Other.....

1. Did you receive training in how to use this product? " Yes [Go to Next Question] " No [Go to Question 4]
2. Who provided this instruction? (Check All that Apply.) " Product representative" Staff member " Other
3. Was the training you received adequate? " Yes " No
4. What is your gender ? " Female " Male

By Product Developer

Please answer all questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, **please leave it blank**.

	During the PILOT Test of this device.....	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
6	The weight of the device was easy to handle with one hand	1	2	3	4	5
7	The device felt stable during assembly, use and disassembly.	1	2	3	4	5
8	The device fit my hand comfortably	1	2	3	4	5
9	I had a clear view of mouth	1	2	3	4	5
10	I had a clear view of nose	1	2	3	4	5
11	The device did not appear to increase patient discomfort	1	2	3	4	5
12	The device performed reliably	1	2	3	4	5
13	The device covered the mouth and nose adequately	1	2	3	4	5
14	The tongue depressor was easy to remove	1	2	3	4	5
15	The instructions were easy to follow and complete	1	2	3	4	5
16	Product can be easily used without special training	1	2	3	4	5
17	The feel or the device did not cause me to change my usual way of taking swabs	1	2	3	4	5
18	The device meets my clinical needs	1	2	3	4	5
19	The device is safe for clinical use	1	2	3	4	5
20	The product has adequate physical coverage, including side, above and below the mouth and nose	1	2	3	4	5
21	If disposable, the product can easily be placed in the trash or if contaminated, in a red bag.	1	2	3	4	5

Additional comments for any responses of "Strongly Disagree" or "Disagree."

Brilliant idea for Patient Protection
 ** Note: DURING SWABING

- This form is modified to reflect the device requirement and criteria that reflect the clinical practice.
- The evaluators are the staff who will use or handle the device.
- A total of 20 evaluations will be performed
- Staff received training in the correct use of the device, provided by product developers.
- Forms should be completed and returned to the safety coordinator as soon as possible after the evaluation period.

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Healthcare satisfaction survey

Date of Evaluation..... 12th May 2010 Survey Number..... 8

Product Name: The Mouth Protector Guard (MPG)

Title and Position of the evaluator:..... Consultant I.D.R

Profession of the Evaluator: Nurse..... Doctor..... Other.....

1. Did you receive training in how to use this product? "Yes [Go to Next Question]" No [Go to Question 4]
2. Who provided this instruction? (Check All that Apply.) "Product representative" Staff member "Other Product Developer
3. Was the training you received adequate? "Yes" No
4. What is your gender? "Female" Male

Please answer all questions that apply to your duties and responsibilities. If a question does not apply to your duties and responsibilities, **please leave it blank**.

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Excellent device I would have designed.

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