EVALUATION FORM

# Airpod SPU (Single Patient Use) Mattress Covers Evaluation Form



The Purpose of this Evaluation Form for the Airpod® Patient Lateral Transfer and Repositioning Air Mattress SPU Covers is to collect and evaluate your experience, opinions and observations with the product and to assist Rexyn Ltd in improving the product and customer service.

We appreciate your help and support. Thank you very much.

General Information

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| --- | --- | --- | --- |
| **Section 1 - Customer Details** | | | |
| Date of Evaluation |  | | |
| Name of Institution / Trust / Hospital |  | Location of Evaluation |  |
| Address |  | Postcode |  |
| Evaluation Team Representative |  | | |
| Telephone number |  | | |
| Email address |  | | |
| *I / We grant permission to use the comments in this Evaluation Form about the products in material used to promote Airpod and other Rexyn Ltd Products (Please Tick the Box for acceptance)* | | | |

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| **Section 2 – Rexyn Dealer Details** | | |
| Name of Dealer Organisation |  | |
| Dealer Representative Details | Name: | Email: |

|  |  |  |
| --- | --- | --- |
| **Section 3 – Product Details – please chose only 1**  **Please complete a different Evaluation Form for each product size evaluated** | | |
| Size Evaluated | Standard | Bariatric |

Evaluation Forms are available for the following additional products:

Airpod Air Mattress Airpod Air Blower

MultiBoard DUO – Air Mattress Hybrid Air Mattress

Training

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4 – Training** | | | | | | | | |
| Did you receive Training in how to use the Product? | YES | | | | NO | | | |
| Who provided this Instruction? (Tick All that Apply) | Company / Dealer Representative | | Staff Member | | | | Other  Please provide details | |
| Please rate your Assessment | Poor | OK – Adequate | | Good | | Very Good | | Excellent |
| Comments |  | | | | | | | |
| **Section 4a – Training Material – Manual, Videos, Brochures** | | | | | | | | |
| Did you receive Training Material – Manual, Videos, Brochures? | YES | | | | NO | | | |
| What Training Material did you receive? (Tick All that Apply) | Training Manual | | Videos / DVD | | | | Brochures | |
| **Section 4b – Training Manual – please rate your assessment** | | | | | | | | |
| Overall Quality of the Manuals | Poor | OK – Adequate | | Good | | Very Good | | Excellent |
| Clarity and ease of understanding of the Information | Poor | OK – Adequate | | Good | | Very Good | | Excellent |
| Clarity and ease of understanding of the Instructions | Poor | OK – Adequate | | Good | | Very Good | | Excellent |
| Comments |  | | | | | | | |

Training - continued

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| **Section 4c – DVD, Videos – please rate your assessment** | | | | | |
| Overall Quality of the DVD, Videos | Poor | OK – Adequate | Good | Very Good | Excellent |
| Clarity and ease of understanding of the Information | Poor | OK – Adequate | Good | Very Good | Excellent |
| Clarity and ease of understanding of the Instructions | Poor | OK – Adequate | Good | Very Good | Excellent |
| Comments |  | | | | |
| **Section 4d – Brochures – please rate your assessment** | | | | | |
| Overall Quality of the Brochures, Leaflets, Support Documentation | Poor | OK – Adequate | Good | Very Good | Excellent |
| Clarity and ease of understanding of the Information | Poor | OK – Adequate | Good | Very Good | Excellent |
| Clarity and ease of understanding of the Instructions | Poor | OK – Adequate | Good | Very Good | Excellent |
| Comments |  | | | | |

Product Appearance, Construction, Labelling and User Experience

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| --- | --- | --- | --- | --- | --- |
| **Section 5 – Product Appearance, Construction, Labelling and User Experience – please rate your assessment** | | | | | |
| Rate the overall Appearance of the Airpod Air Mattress Covers | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the quality of the overall Construction of the Airpod Air Mattress Cover | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the quality of the Adhesive Tape used to attach the Cover to the Air Mattress | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the Absorption quality of the Cover | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the experience and feedback from the Patient of lying on top of the Cover – if applicable and available | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the quality and Construction of the Label | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the quality of the printing (legibility, clarity) on the Label | Poor | OK – Adequate | Good | Very Good | Excellent |
| Rate the information on the Label – easy to read and understand | Poor | OK – Adequate | Good | Very Good | Excellent |
| Comments |  | | | | |

Your Comments

Please tell us what you don’t like about the Product.

Rate the Importance of Your Comments

## 1 = Very Important

## 2 = Not Important but needs to be looked into

## 3 = Needs to be brought to your attention

|  |  |
| --- | --- |
| COMMENTS | RATE |
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**THANK YOU VERY MUCH - WE APPRECIATE YOUR HELP.**