



### UriCap device - Post marketing survey questionnaire for staff

For each question, please circle the number you find closest to your experience:

How many installations were made? \_\_\_\_\_ During what period of time \_\_\_\_\_ weeks

By using the UriCap device, did you replace diapers or catheters?

Mainly Catheters 

1	2	3	4	5
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 Mainly Diapers

1. Ease of UriCap placement after a week of practice.

Not Easy 

1	2	3	4	5	6	7	8	9	10
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 Very Easy

2. Did you observe any signs of Constant Discomfort/Pain/Complaints during the period by patients?

A lot 

1	2	3	4	5	6	7	8	9	10
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 Not at all

3. Did you observe leakage due to disconnection from perineum, tube or urine bag?

A lot 

1	2	3	4	5	6	7	8	9	10
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 Not at all

4. Did you observe change in quality of skin?

Worse 

1	2	3	4	5	6	7	8	9	10
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 Improvement

5. Is the device useful for monitoring of fluid balance?

not at all 

1	2	3	4	5	6	7	8	9	10
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 Yes, a lot

6. While using the UriCap device, did you perceive less workload and time saving

Loss of time 

1	2	3	4	5	6	7	8	9	10
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 A lot of time saving

7. While using the UriCap device, did you perceive patient's care improvement?

Not at all 

1	2	3	4	5	6	7	8	9	10
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 Yes, a lot

8. Your overall satisfaction from device functioning.

Not satisfied 

1	2	3	4	5	6	7	8	9	10
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 Very satisfied

9. Would you recommend your colleagues to use the device instead of urinary catheter or diaper if possible?

Absolutely not 

1	2	3	4	5	6	7	8	9	10
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 Absolutely yes

10. Based on your experience, do you think using the device has potential of reducing UTI/CAUTI incidence?

Absolutely not 

1	2	3	4	5	6	7	8	9	10
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 Absolutely yes

11. Do you think the device would be more efficient if variety of sizes will be available?

Absolutely not 

1	2	3	4	5	6	7	8	9	10
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 Absolutely yes

12. Are there any comments you think would be useful to our development team?

Date of report: \_\_\_\_\_ By, Name and position \_\_\_\_\_

Signature \_\_\_\_\_

Please forward this form to your local distributor at: \_\_\_\_\_