

Product Evaluation Form

Thank you for taking part in the TIDI/Posey Sitter On Cue PRO product evaluation. The following are questions in reference about your experience when using the product.

RESPONDENT INFORMATION

Facility Name: _____ Department: _____

Staff Member Name: _____ Today's Date: _____

PRODUCT EVALUATION *Product being evaluated: (Check all that apply)*

Sitter On Cue PRO Wireless Nurse Call Adapter Wireless Chair Pad

FOR EACH ELEMENT EVALUATED, RATE THE PERCEPTION OF THIS PRODUCT FROM STRONGLY AGREE TO STRONGLY DISAGREE. PLEASE COMMENT WITH WHY OR WHY NOT TO SUPPORT YOUR PERCEPTION.

PRODUCT PERFORMANCE	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	COMMENTS
This product is better than my current solution(s).						
This product makes my job easier.						
This product improves patient safety.						
This product increases my flexibility to monitor the patient anywhere in the room.						
The product audibly and visibly gives me confidence that the patient is being monitored safely.						
Freedom to monitor patients wirelessly will improve patient care.						

FOR EACH ELEMENT EVALUATED, RATE THE PERCEPTION OF THIS PRODUCT FROM STRONGLY AGREE TO STRONGLY DISAGREE.

GENERAL QUESTIONS	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Performed as intended					
Quality and design are acceptable					
Easy to apply/use (including wireless pairing)					
Labels are appropriate and clear					
Instructions printed on the chair pad were easy to understand					
Training for proper use and application were clear and helpful					
The product works well with other products (i.e. bed, wheelchair, etc.)					
I accept and would recommend this product					
The product is easy to troubleshoot if necessary					

Based on your experience, would you advocate for this product in your facility? Yes No

Why or Why Not?

Rank the following most essential/most liked features about this product in order of importance - 1 being the most important to you.

- Large visible status light _____
- Visible pairing indicator lights _____
- Wireless Alarm _____
- Wireless Chair Pad _____
- Wireless Nurse Call Adapter _____
- Other _____ Further details: _____

ADDITIONAL COMMENTS

May we contact you for follow up? Yes No If yes, contact info: _____

