# User Feedback Survey

Study Site Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ (DD/MM/YY)

Participant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator’s initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Pre-intervention/Post-intervention (Circle one)

**Purpose:**

This survey is intended to collect feedback from health workers who participate in the neoGuardTM feasibility study which will enable Neopenda researchers to learn from the successes and failures of implementing the neoGuardTM technology on a small scale. The data obtained from this survey will be critical to advancing the appropriateness and feasibility of neoGuardTM for the Kenyan clinical environment and improving Neopenda’s instructional training strategy and materials.

**Introduction:**

Welcome to the Neopenda survey. We thank you for your participation in the neoGuardTM feasibility study and for taking the time to share your valuable feedback. We are eager to learn your experience with our device and insights on our processes so that we can improve them in the future. Our goal is to improve the vital signs monitor and the system in which it is used in the hospital, so that we can provide health workers like you with a useful tool in your important work of caring for sick newborns.

Please take the next 45 - 60 minutes to carefully read and respond to the following questions. We encourage you to share as much detail as you can as your input is very essential. Everything you share in this survey is private and confidential, that is, we will not share any information with your colleagues or superiors. If you need any help understanding a question or are uncertain about how to respond, please do not hesitate to consult with the evaluator. Thank you in advance for your time and honesty.

Before you begin, please select the two options below which best describe your current position:

A. I am a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Pediatrician  Medical officer  Nursing officer/midwife  Nursing assistant  Other (please specify)

B. I have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of medical experience.

1 - 2 years  3 - 5 years  6 - 10 years  11 - 15 years  More than 15 years

*Theme 1: Acceptability*

1a. What was your first reaction to the neoGuardTM technology?

Positive  Somewhat positive  Undecided  Somewhat negative  Negative

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. How would you rate the safety of the neoGuardTM device?

Very safe  Somewhat safe  Undecided  Somewhat unsafe  Unsafe

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1c. Do you have any concerns about attaching the device to a baby?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1d. How would you rate your ability to explain to parents and caretakers how the device works and respond to their concerns?

Excellent  Very Good  Above Average  Average  Below Average  Very Poor

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1e. How would you rate the accuracy of the neoGuardTM technology?

Always accurate Often accurate Sometimes accurate Rarely accurate Never accurate Not sure

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1f. Do you have you any complaints or concerns about the technology?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1g. Overall, do you like this product?  Yes  No  Undecided

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1h. Overall, do you think the neoGuardTM technology will contribute positively or negatively to the monitoring of newborns?  Positively  Negatively  Undecided

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1i. Would you recommend the neoGuardTM device for use in your patients?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1j. Overall, how would you rate your acceptance of the neoGuardTM technology?

Very high  Somewhat high  Undecided  Somewhat low  Very low

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1k. Do you have any additional feedback to share concerning the acceptability of the neoGuardTM technology for the Kenyan clinical setting?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 2: Practicality and usability*

*NeoGuardTM Device and Band*

2a. Did you experience any problems or mistakes using the neoGuardTM device (e.g. turning the device ON/OFF, charging the device, attaching the device to a baby, etc.)?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2b. Do you think that the LED lights were a useful way to communicate device status (i.e. device is connected/disconnected, device is turned ON/OFF, device battery is running low, etc)?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2c. Do you think that the LED lights were a useful way to communicate patient status (i.e. low or high vital signs)?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2d. Overall, how would you describe your experience attaching the neoGuardTM band on the baby?  
 Very easy  Moderately easy  Moderately difficult  Very difficult

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2e. During the study, how often did you use the band sizing chart as a reference for connecting the device? Always  Usually  Sometimes  Rarely  Never

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2f. How accurate do you consider the band sizing chart as a reference for connecting the device?  
 Always accurate  Usually accurate  Sometimes accurate  Rarely accurate  Never accurate

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2g. Overall, how useful do you consider the band sizing chart as a reference for connecting the device?  
 Very useful  Somewhat useful  Undecided  Not very useful  Not useful at all

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2h. In normal practice, how many devices would be sufficient to adequately monitor the babies admitted to your neonatal unit?

5 devices  10 devices  15 devices  20 devices  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Neopenda app and tablet*

2i. Were all the nurses able to agree on a central location for the Neopenda tablet?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2j. How often was the Neopenda tablet removed from the agreed upon central location?

Always  Usually  Sometimes  Rarely  Never

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2k. Overall, how would you rate the appropriateness of the central location for the Neopenda tablet?

Very appropriate  Somewhat appropriate  Somewhat inappropriate  Not appropriate at all

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2l. Did you experience any difficulty using the tablet and/or Neopenda app?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2m. How would you rate your experience performing the following tasks with the Neopenda app?   
*(If there is any task you did not perform, please fill in NA)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Task | Very easy | Moderately easy | Moderately difficult | Very difficult | NA |
| i. | Adding a new patient to the app |  |  |  |  |  |
| ii. | Removing a patient from the app |  |  |  |  |  |
| iii. | Changing vital sign alert limits |  |  |  |  |  |
| iv. | Obtaining real time vital sign readings |  |  |  |  |  |
| v. | Viewing trend graphs and trend charts |  |  |  |  |  |
| vi. | Reporting an adverse event |  |  |  |  |  |
| vii. | Accessing archived files for discharged patients |  |  |  |  |  |
| viii. | Reporting a product issue |  |  |  |  |  |

2n. Please indicate whether each of the following fields presently included under “Patient Information” and “Health Information” should be a REQUIRED or OPTIONAL field in the Neopenda app.

|  |  |  |  |
| --- | --- | --- | --- |
|  | FIELD | REQUIRED | OPTIONAL |
| i. | Mother’s name |  |  |
| ii. | Patient’s name |  |  |
| iii. | Patient’s medical record number |  |  |
| iv. | Mother’s medical record number |  |  |
| v. | Date of Birth |  |  |
| vi. | Sex |  |  |
| vii. | Location of birth (in-born/out-born) |  |  |
| viii. | Gestational age at birth |  |  |
| ix. | Weight at birth |  |  |
| x. | Diagnosis at admission |  |  |
| xi. | Multiple births |  |  |
| xii. | Mode of delivery (SVD/c-section) |  |  |
| xiii. | Apgar score at 1 minute |  |  |
| xiv. | Apgar score at 5 minutes |  |  |

2o. Are there any fields NOT presently included under “Patient Information” and “Health Information” that should be added to the Neopenda app?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2p. Do you have any concerns about changing a patient’s vital sign alarm limits?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2q. Overall, how would you rate the usability of the neoGuardTM technology?

Very easy to use  Moderately easy to use  Slightly easy to use  Difficult to use  Very difficult to use

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2r. Do you have any additional feedback to share concerning the usability of neoGuardTM technology in the Ugandan clinical setting?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 3: Training and reference materials*

3a. How would you rate the training you received on using the neoGuardTM technology?

Very adequate  Somewhat adequate  Undecided  Inadequate  Very inadequate

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3b. How comfortable did you feel about using the device after the training you received?

Very comfortable  Moderately comfortable  Slightly comfortable  Not comfortable at all

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3c. Are there any areas of training that you feel can be improved upon?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3d. In real practice, how often would nurses require refresher training on the neoGuardTM technology?

Once a year  Every 6 months  Every 3 - 4 months  Never  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3e. How often did you refer to the user manual or quick guide when using the neoGuardTM technology?  
 Always  Usually  Sometimes  Rarely  Never

3f. How would you rate the adequacy of the user manual and quick guide as a resource?

Very adequate  Somewhat adequate  Inadequate  Very inadequate

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3g. Is there any relevant content NOT presently covered in the user manual that you would like to see included?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3h. Do you have any additional feedback to share concerning training and/or the reference materials you received in the Neopenda package?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 4: Product issues*

4a. During the study, did you experience any product issues (damage/breakage/malfunction/loss/theft)?  Yes  No (If “No”, please skip to 4i)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4b. Did you report the product issue(s) through the Neopenda app?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4c. What was the category of the product issue? (Check all that apply)

Physical damage  Loss/theft  Accuracy/collaboration  Wireless communication  Other (specify)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4d. What was the affected component? (Check all that apply)

Band  Device  Tablet  App  Accessories  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4e. To the best of your knowledge, what was the cause of the product issue(s)? (Check all that apply)

Product mishandling  Normal wear and tear  Faulty/defective product  Not sure  Other (specify)

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4f. Was the product issue adequately resolved after you submitted a report?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4g. How was the product issue handled?

Broken component was adequately repaired

Broken component was repaired but broke/malfunctioned/got damaged again shortly afterwards

Broken component was NOT repaired

Lost/stolen component was found

Lost/stolen component was NOT found

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4h. In your opinion, what can be improved upon to prevent the product issue(s) you experienced from happening again?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4i. Overall, how would you rate the robustness of the neoGuardTM product?

Very robust  Somewhat robust  Somewhat frail  Very frail

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4j. Do you have any additional feedback to share concerning product issues?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 5: Cleaning, charging and storage*

5a. Do you have any concerns about cleaning, charging and/or storage of the neoGuardTM product?  
  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b. How would you rate the cleaning and hygiene of the neoGuardTM product as practiced on your ward?

Excellent  Above average  Average  Below average  Very poor

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5c. How often did the neoGuardTM device power off due to low battery while in use on a patient?

Always  Usually  Sometimes  Rarely  Never

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5d. How often was the Neopenda tablet plugged into a power supply while in use?

Always  Usually  Sometimes  Rarely  Never

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5e. How often did the Neopenda tablet power off due to low battery while in use?

Always  Usually  Sometimes  Rarely  Never

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5f. During the study, where were the neoGuardTM devices and tablet stored while they were not in use?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5g. During the study, did you feel that the neoGuardTM product was being maintained appropriately and kept securely?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5h. Do you have any additional feedback to share concerning the cleaning, charging and storage of the neoGuardTM product?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 6: Packaging and design*

6a. How would you rate the following aspects of the neoGuardTM product?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Above average | Average | Below average | Very poor | Additional comments |
| i. | Packaging |  |  |  |  |  |  |
| ii. | Device design |  |  |  |  |  |  |
| iii. | Head band design |  |  |  |  |  |  |
| iv. | Neopenda app design |  |  |  |  |  |  |
| v. | User manual design |  |  |  |  |  |  |

6b. Do you have any additional feedback to share on the overall packaging and/or design of the neoGuardTM product?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 7: Process changes due to using the neoGuardTM device*

7a. Have there been any effects of using the device on workflow, workload, and physical organization of the neonatal unit?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7b. Overall, how would you describe the effects of using the device on workflow, workload, and physical organization of the neonatal unit?

Very positive  Somewhat positive  Somewhat negative  Very negative  Not sure

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7c. Were there any obstructions to regular clinical care (including feeding, cleaning, kangaroo care) caused by the device?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “No”, skip to 7e.

7d. In your opinion, are there any improvements that can be made to prevent future obstructions to regular clinical care caused by the device?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7e. Do you foresee any challenges or problems if the neoGuardTM device is adopted into routine neonatal care at your health facility?  Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7f. In your opinion, can the device and tablet be kept and maintained securely in routine practice?

Yes  No

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Theme 8: Comparison between conventional methods and the neoGuardTM product*

8a. What conventional equipment or methods on your unit are used to measure each vital sign below?

|  |  |  |
| --- | --- | --- |
| i. | Temperature | Digital thermometer  Infra-red thermometer  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ii. | Pulse Rate | Manual counting  Pulse oximeter (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iii. | SpO2 | Pulse oximeter (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iv. | Respiratory rate | Manual counting  Pulse oximeter (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| v. | Blood pressure | Digital BP machine  Manual BP machine  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

8b. How often are the following vital signs measured for patients on your ward?

|  |  |  |
| --- | --- | --- |
| i. | Temperature | Continuously  Every 3 - 6 hours  Every 6 - 8 hours  Every 8 - 12 hours  Twice a day  Once a day  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ii. | Pulse Rate | Continuously  Every 3 - 6 hours  Every 6 - 8 hours  Every 8 - 12 hours  Twice a day  Once a day  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iii. | SpO2 | Continuously  Every 3 - 6 hours  Every 6 - 8 hours  Every 8 - 12 hours  Twice a day  Once a day  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| iv. | Respiratory rate | Continuously  Every 3 - 6 hours  Every 6 - 8 hours  Every 8 - 12 hours  Twice a day  Once a day  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| v. | Blood pressure | Continuously  Every 3 - 6 hours  Every 6 - 8 hours  Every 8 - 12 hours  Twice a day  Once a day  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

8c. Does your neonatal unit have any integrated patient monitors for the continuous monitoring of vital signs?  Yes  No (If “Yes”, please specify which type of patient monitor, the number of each type and which vital signs are monitored)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8d. How would you rate the ability of the neoGuardTM product to detect changes and deterioration in a newborn compared to conventional methods?

Excellent  Above average  Average  Below average  Very poor  Not sure

8e. How does the medical response rate triggered by the neoGuardTM technology compare to conventional methods?   
 Faster response  Similar response  Slower response  Not sure

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8f. Between the neoGuardTM device and conventional methods, which do you think would provide better monitoring (once the neoGuardTM device is certified as a medical device and available in the market)? Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8g. Is there any additional information you would like to share about the feasibility, acceptability and your overall experience with the neoGuardTM technology?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_