## Device Evaluation Form Medicall Nurse Call Bell

			Date:	
Number of times used:				
Your occupation or specialty:		<del></del>		
1. Did you receive training in h	now to use this	product?		
☐ Yes [Go to next question]		☐ No [Go to o	question 4	]
2. Who provided this instruction	on? (Check all t	hat apply.)		
☐ Product representative	☐ Hospital :	staff	☐ Othe	r
3. Was the training you receive	ed adequate?			
☐ Yes		☐ No		
4. Describe the range of mobil	ity of the patie	nt.		
Mobile Partial paralys	sis (10cm)	Partial paralysis (	(1m)	Full paralysis

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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5.	Device The time it took to initiate a call was faster than that of a conventional call button.	1	2	3	4	5
6.	The device was easy to find.	1	2	3	4	5
7.	The device placed less false calls than conventional call buttons.	1	2	3	4	5
8.	The device had similar number of wires as conventional call buttons.	1	2	3	4	5
9.	The device provided multiple modes of feedback.	1	2	3	4	5
10.	The device performed reliably.	1	2	3	4	5

	During the Pilot Test of this Device	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
11.	The device not self- activate without my intention.	1	2	3	4	5
12.	I feel safe using this device.	1	2	3	4	5
13.	The device did not increase patient discomfort.	1	2	3	4	5
14.	The device improved my daily load of tasks.	1	2	3	4	5
15.	The device did not cause me to change any way I worked with the patients.	1	2	3	4	5
16.	I could have used this product without special training.	1	2	3	4	5
17.	This device is cost efficient.	1	2	3	4	5
18.	The delay to activation on the device is appropriate.	1	2	3	4	5
19.	The device is easily cleaned.	1	2	3	4	5
20.	The device meets my clinical needs.	1	2	3	4	5
21.	The device is safe for clinical use.	1	2	3	4	5