



Product Evaluation Form Self-Releasing Roll Belt

Facility Information

Facility Name: _____

Department: _____

Facility Contact Information

Name: _____

Evaluation Information

Dates of Evaluation. Start: _____ End: _____

Comparative Method (if any): _____

Purpose for using product / Condition of patient product being used on: _____

Questions

For each element evaluated, rate the perception of this product. (Check box for yes or no.)

	YES	NO
The Posey Self-Releasing Roll Belt was easy to apply around the patient	<input type="checkbox"/>	<input type="checkbox"/>
The Posey Self-Releasing Roll Belt fit comfortably on the patient	<input type="checkbox"/>	<input type="checkbox"/>
The instructions and labeling on proper use and application were easy to understand	<input type="checkbox"/>	<input type="checkbox"/>
The training and instruction on proper set up, application and use was clear and helpful	<input type="checkbox"/>	<input type="checkbox"/>
The Posey Self-Releasing Roll Belt allowed the patient to sit up or roll from side to side in bed	<input type="checkbox"/>	<input type="checkbox"/>
The staff positively accepted the use and application of the Posey Self-Releasing Roll Belt	<input type="checkbox"/>	<input type="checkbox"/>