

PLEASE HELP US (TO HELP YOU)...

We need to hear from you so we can evaluate and improve the format of our Public Health Notifications as well as the overall effectiveness of the Safety Notification program. Please take a few minutes to answer the questions below. We will publish a summary of the results. All questions relate to this Public Health Notification.

Your responses will be kept confidential. Thank you for your assistance.

1. A. Is the problem addressed in this Notification clearly identified? Yes
 No

B. If no, why not?

2. A. Is the problem addressed in this Notification easily understood? Yes
 No

B. If no, why not?

3. A. Are the actions for reducing risk clearly explained? Yes
 No

B. If no, why not?

4. A. Did you find the information contained in this Notification useful? Yes
 No

B. If no, why not?

5. Did you find the information contained in this Notification to be timely? Yes
 No

6. A. Were you aware of the problem addressed in this Notification prior to receiving it? Yes
 No

B. If yes, how did you first become aware of the problem?

a _____ personal experience

b _____ coworkers

c _____ professional bulletin

d _____ professional symposium

e _____ manufacturer recall

f _____ manufacturer notification

g _____ your organization's management

h _____ Other (please specify) _____

7. A. Have you taken any actions to eliminate or reduce the risk as a result of the information in this Notification?

- Yes
- No

B. If yes, what actions did you take?

C. If no, why not?

- a _____ already took action prior to Notification
- b _____ actions planned prior to Notification but not yet taken
- c _____ actions planned based on Notification but not yet taken
- d _____ risk was never applicable to our operation
- e _____ felt risk did not warrant action

8. A. Have you signed up to receive future Notifications electronically?

- Yes
- No

B. If no, why not?

9. My title is:

- | | |
|--------------------------------------|--|
| a _____ Hospital Administrator | f _____ Quality Assurance Manager |
| b _____ Risk Manager | g _____ Home Health Care Administrator |
| c _____ Director of Nursing | h _____ Nursing Home Administrator |
| d _____ Biomedical/Clinical Engineer | i _____ Hospice Administrator |
| e _____ Safety Director | j _____ Other (please specify) _____ |

10. In my organization, the most appropriate individual(s) to Notifications is(are): (Check as many as needed)

- | | |
|--------------------------------------|--|
| a _____ Hospital Administrator | f _____ Quality Assurance Manager |
| b _____ Risk Manager | g _____ Home Health Care Administrator |
| c _____ Director of Nursing | h _____ Nursing Home Administrator |
| d _____ Biomedical/Clinical Engineer | i _____ Hospice Administrator |
| e _____ Safety Director | j _____ Other (please specify) _____ |

11. I have the following suggestions for improving the FDA Safety Notification process:

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS Reports Clearance Officer
 Paperwork Reduction Project (0910-xxxx)
 Room 531-H, Hubert Humphrey Building
 200 Independence Avenue, SW
 Washington, DC 20201

Insert FDA office to send the response to.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

