

Hatteras

← → ↻ 🏠 🔒 https://devicelabeldev.rti.org/engine.aspx?IID=449&caseid=T3000015&modelid=2&userid=&usermode=web ☆ 🔑

Food and Drug Administration's  
Medical Device Labeling Survey

(T3000015)  
DLQ/Intro/Q1

Overall Progress: 

0%

Section Progress: 

23%

1. Which of the following best describes the place where you perform most of your work?

☐ Ambulatory surgical center

☐ Clinic or doctor's office

☐ Home health

☐ In-patient care facility

☐ Outpatient diagnostic facility (lab or medical imaging center)

☐ Outpatient treatment facility (dialysis, infusion therapy, cancer)

☐ Other: [Please specify]

☐ Refuse

⏪ Previous

Next ⏩

Logoff ⏩

Hatteras

Hatteras

← → ↻ ⌂ 🔒 https://devicelabeldev.rti.org/engine.aspx?ID=449&caseid=T3000015&modelid=2&userid=&usermode=web ☆ 🔍

Food and Drug Administration's  
Medical Device Labeling Survey

(T3000015)  
DLQ/Intro/Q3

Overall Progress: 

44%

  
Section Progress: 

33%

3. Which of the following best describes your occupation?

☒ Medical doctor or doctor of osteopathy  
☐ Nurse practitioner or physician assistant  
☐ Registered nurse  
☐ Licensed practical nurse  
☐ Therapist  
☐ Lab technologist or technician  
☐ Other: [Please specify]  
☐ Refuse

⏪ Previous

Next ⏩

Logoff ⏩

Hatteras

Hatteras

← → ↻ 🏠 🔒 https://devicelabeldev.rti.org/engine.aspx?ID=449&caseid=T3000015&modelid=2&userid=&usermode=web ☆ 🔑

Food and Drug Administration's  
Medical Device Labeling Survey

(T3000015)  
DLQ/DocumentAndDevice/Q13\_a\_1  
Overall Progress:  36%  
Section Progress:  45%

13. How often would you refer to a document such as our Tohamadi Infusion Pump example when...

		All of the time	Most of the time	Some of the time	Rarely	Never	Not Applicable	Refuse
a. Unpacking the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Setting up the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Using the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prescribing the use of the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Selecting the proper device for a patient?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Storing the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Disposing of products used with the device?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. A patient has an adverse event?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. A warning or error message appears?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. An alarm on the device sounds?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Troubleshooting?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Looking for risks?	✕	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⏪ Previous

Next ⏩

Logoff ⏪

