

# Food and Drug Administration's Medical Device Labeling Survey

(T3000015)  
DLQ/Intro/Q1

Overall Progress:  23%  
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

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(T3000015)  
DLQ/Intro/Q3



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

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# Food and Drug Administration's Medical Device Labeling Survey

(T3000015)

DLQ/DocumentAndDevice/Q13\_a\_1

Overall Progress:  60%  
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"/>

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