

## PLEASE HELP US (TO HELP YOU)...

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

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

1. A. Were you able to identify the problem this Safety Communication addresses?  No  Yes

B. If no, why not?

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2. A. Were you able to easily understand the problem addressed in this Safety Communication?  
 Yes  No

B. If no, why not?

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3. A. Did you understand the actions for reducing risk?  Yes  No

B. If no, why not?

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

B. If no, why not?

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

6. A. Were you aware of the problem addressed in this Safety Communication prior to reading it?  No  Yes

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

- a \_\_\_ personal experience
- b \_\_\_ coworkers, friends, or family
- c \_\_\_ professional bulletin
- d \_\_\_ professional symposium

- e \_\_\_ manufacturer recall
- f \_\_\_ manufacturer notification
- g \_\_\_ your organization's management
- h \_\_\_ print media (e.g., newspaper)
- i \_\_\_ electronic media (e.g. web)
- j \_\_\_ social media (e.g., Twitter, Facebook)

k my health care provider  
l. Other (please specify)\_\_\_\_\_

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

Yes  
 No

B. If yes, what actions did you take?

C. If no, why not?

- a\_\_\_\_\_ already took action prior to Safety Communication
- b\_\_\_\_\_ actions planned prior to Safety Communication but not yet taken
- c\_\_\_\_\_ actions planned based on Safety Communication 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 Safety Communications electronically?

Yes  
 No

B. If no, why not?

9. I am a:

- |                                     |  |
|-------------------------------------|--|
| 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                           |
|                                     | j_____ Medical Device Industry Representative          |
|                                     | k_____ Student (e.g., medical, nursing, public health) |
|                                     | l_____ Health Educator                                 |
|                                     | m. Patient   |
|                                     | n. Caregiver   |
|                                     | o. Patient Advocacy Group Representative               |
| e_____ Safety Director              | p_____ Other (please specify)_____                     |

10. I have the following suggestions for improving this FDA Safety Communication:

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Public reporting burden for this collection of information is estimated to average 0.17 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:

Department of Health and Human Services  
Food and Drug Administration

Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
[PRStaff@fda.hhs.gov](mailto:PRStaff@fda.hhs.gov)

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