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.

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

   B. If no, why not?

   _____

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

   B. If no, why not?

   _____

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

   B. If no, why not?

   _____

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

   B. If no, why not?

   _____

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

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

   B. If yes, how did you <u>first</u> 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
b____ Risk Manager
c____ Director of Nursing
d____ Biomedical/Clinical Engineer
e____ Safety Director
f____ Quality Assurance Manager
g____ Home Health Care Administrator
h____ Nursing Home Administrator
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
p____ Other (please specify)_____

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

_____
_____
_____
_____
_____

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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.