

# + ALLEVYN<sup>®</sup> LIFE

## Foam Dressing evaluation form

1. Where was the patient treated today?

- Patient's home  Nursing home  
 Hospital  Outpatients  
 Wound clinic / health centre

2. Please identify the reason for choosing ALLEVYN LIFE Dressing to manage the patient's wound? (Tick all that apply)

- Get back to work  
 Continue activities of daily living  
 Spend time with friends and family (socialise outside of the home)  
 Be able to do hobbies they enjoy (take part in physical activity)  
 Reduce the dressing change frequency during pandemic  
 Other: (Please specify)

If other, please specify:

3. Which foam dressing were you using previously?

4. Please specify the level of exudate experienced by the patient, prior to ALLEVYN LIFE Dressing application: (Please tick one)

- None  Low  Moderate  Heavy

5. Prior to ALLEVYN LIFE Dressing, how many primary dressing changes per week did the patient have on average?

- 1  2  3  4  5  6  7+

6. Following application of ALLEVYN LIFE Dressing, was the patient able to achieve one more day without a dressing change?

- Yes  No

If yes, how many dressing changes per week do they have with ALLEVYN LIFE Dressing?

- 1  2  3  4  5  6  7+

7. Did the use of ALLEVYN<sup>®</sup> LIFE Dressing reduce the amount of time the patient spent receiving wound management treatment?
- Yes  No
8. Please rate the following features of the ALLEVYN LIFE dressing:
- |                          | Very Poor                | Poor                     | Average                  | Good                     | Very Good                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Masking layer            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change indicator         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 layer structure        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fluid handling           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Odour control            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to stay in place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
9. What was the main reason the patient was able to get one more day from ALLEVYN LIFE Dressing? (Please tick one)
- Dressing looked clean (masking layer)
- Change indicator (less than 3 lobes full)
- Cushioning effect of the 5 layer design
- Ability of the dressing to lock-in and manage exudate
- Dressing managed odour
- Retention of the dressing e.g. it remained in place and did not fall off
10. Do you think that ALLEVYN LIFE Dressing helped manage patients during the pandemic?
- Yes  No
11. Has ALLEVYN LIFE Dressing helped you as a healthcare professional to train your patients at a distance?
- Yes  No
12. Has ALLEVYN LIFE Dressing helped the patient (or caregivers) to carry out their self-care?
- Yes  No
13. Would you recommend ALLEVYN LIFE Dressing to more of your patients?
- Yes  No
14. Would you recommend ALLEVYN LIFE Dressing to your work colleagues?
- Yes  No
15. Additional comments and feedback:

**Thank you for completing the survey**