



## **Safety Needle/ Syringe Evaluation** (alternate form)

Name:	Occupation/Title:	Dept/Unit:
Today's Date:	Product Name/Number of Times Used:	

<b>Product/Performance Issues</b>	Yes	No	N/A Don't Know	<b>How Important Is This Issue?</b> most . . . . . least				
1. Is the product/packaging easy to store?				1	2	3	4	5
2. Is the package easy to open?				1	2	3	4	5
3. Did the syringe function properly for its intended purpose?				1	2	3	4	5
4. Is this product available in the size needed?				1	2	3	4	5
5. Are the needles interchangeable?				1	2	3	4	5
6. Is the device simple and self-evident to operate?				1	2	3	4	5
7. Did you need extensive training to use this product effectively?				1	2	3	4	5
8. Can the safety feature be activated with one hand?				1	2	3	4	5
9. Is the device compatible with other devices it may have to connect to (or interact with)?				1	2	3	4	5
10. Did the safety feature work reliably?				1	2	3	4	5
11. Do both hands remain behind the needle during disarming?				1	2	3	4	5
12. Does the safety feature interfere with normal use of this product?				1	2	3	4	5
13. Does this product require more time to use than a non-safety product?				1	2	3	4	5
14. Does this product have an unmistakable indicator that the safety feature is activated?				1	2	3	4	5
15. Does this product cause more patient pain than usual?				1	2	3	4	5
16. Is this product equally satisfactory for different or diverse patient populations?				1	2	3	4	5
17. Are you confident that the dosage you drew was accurately delivered to the patient?				1	2	3	4	5
18. Was dosage visibility adequate with this device?				1	2	3	4	5
19. Do you have to expel remaining syringe contents prior to safety feature use?				1	2	3	4	5
20. Do you think this device increases the risk of sprays?				1	2	3	4	5
21. Was the exposed sharp blunted or covered once it was used?				1	2	3	4	5
22. Did this product require compulsory use of the safety feature?				1	2	3	4	5

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***Safety Needle/Syringe Evaluation (continued)***

What percentage of clinical procedures does this device address?

List the functions the device was not suitable for:

About how many times did you use this product before you were comfortable using it?

Did you have any needlesticks using this device?  yes  no

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Do you think this device will protect you from needlesticks?  yes  no

If no, why: \_\_\_\_\_  
\_\_\_\_\_

Based on your evaluation, which device would you rather use (check one) :

- The one we currently use
- This device
- Another device (specify alternative if known: \_\_\_\_\_)

Are there any additional design features or other performance considerations you would like to see in a safety needle/syringe that have not been mentioned? Any additional comments you have?

\_\_\_\_\_  
\_\_\_\_\_