CheckCLIP Product Satisfaction Survey - 2024 Thank you for giving us a few minutes of your time to tell us about the CheckCLIP medication ID clips.

Your privacy is very important to us. Please be assured that your personal details will not be collected and used to identify your answers and will not be passed onto anyone outside of our organisation.

We appreciate your honest feedback.

-The Qlicksmart Team

* Indicates required question



Checkclip Product Satisfaction Survey - 2024

Firstly, we would like to learn a little bit about you.

١.	Which region are you from? *
	Mark only one oval.
	Africa Asia Australia/New Zealand Canada Central America Europe Middle East South America USA
2.	Which of the following best describes your field of work? *
	Mark only one oval.
	Aged Care
	Anaesthesiology
	Beauty/Cosmetology
	Dentistry
	Dermatology
	Doctor's clinic
	Emergency
	Infection Control
	Laboratory
	Mortuary
	Nursing - Perioperative
	Nursing - ICU
	Nursing - Other
	Ophthalmology
	Podiatry
	Pre-Hospital Care
	Surgery
	University/School
	Waste Disposal
	Veterinary

How long have you been using the CheckCLIP for? *							
Mark only one oval	I.						
Less than 6 m	nonths						
7-11 months							
1-2 years							
3-5 years							
6-10 years							
11+ years							
Other:							
Please rate how m	nuch you a	gree or disa	agree with	the follow	/ing statem		
Mark only one oval p							
	1- Strongly Disagree	2- Disagree	3- Neither Agree nor Disagree	4- Agree	5- Strongly agree		
The CheckCLIP is necessary in my field of work							
The CheckCLIP is easy for me to use							
The CheckCLIP's instructions are easy for me to locate							
The CheckCLIP's instructions are easy for me understand							
The CheckCLIP matches its description and instructions							
The CheckCLIP works for me every time							
I feel safe using the CheckCLIP							
I am satisfied with the CheckCLIP							
I will continue to use the CheckCLIP							
I would recommend the CheckCLIP to my peers/colleagues							

3.

4.

	check all that apply.									
	CheckCLIP for ampoule CheckCLIP for vial									
	Unsure									
6.	What are the reasons for you (or your workplace) first purchasing the CheckCLIP?									
	Check all that apply. To prevent medication errors Because it is easy to use									
	Because it was recommended by a colleague/hospital administration Other:									
7.	How did you hear about Qlicksmart and/or the CheckCLIP? *									
	Mark only one oval.									
	Education Seminar (Online or In-person)									
	Colleague									
	Email campaignOnline search (e.g. Google)									
	Sales Representative									
	Social Media									
	Trade Show/Conference									
	Qlicksmart Website									
8.	Do you have any suggestions for how Qlicksmart can improve the CheckCLIP?									
We	want to hear your thoughts and experiences regarding the CheckCLIP.									
	nally, just some general feedback!									
Aı	ny information or insights would go a long way to helping us improve staff and patient safety.									
Fina	ally we're interested in your opinions about Olicksmart and our products									

5. Which CheckCLIP model/s are you currently using? *

9.	Is there anything else you wanted Qlicksmart to know? (eg: general comments, opinions on our products, good news story, other safety risks that could be addressed with devices)							

You're all done! Please remember to click submit at the bottom left of the next page.

We provide free resources for sharps safety training and implementation on the Qlicksmart Digital Platform at https://www.qlicksmart.com/digital-platform/

To learn more about Qlicksmart and our other products you can visit our website at https://www.qlicksmart.com/

How to Use Videos: CheckCLIP

Please see links attached below video.

CheckCLIP: How to Use



http://youtube.com/watch?v=2VBC8fQduVg



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