



Sample No.		Product code	
Manufacturer name			

Section 1	To be completed by a member of nursing staff. Please complete a form for each patient participating in the evaluation. These should be completed after the evaluation has taken place. Please ensure the tests are completed on both short and long stay patients.		
Date of trial commencement		Date of trial completion	

Section 2	To be completed by Nurse or Carer		
Product applied by:			

Please indicate which type of printable wristband is being used						
Size	Adult		Adult / Child		Child / Neonatal	

Please circle

- | | | | |
|--|-----|----|-----|
| 1. Were the instructions for use clear? | Yes | No | |
| 2. Was the length of the band adequate for the type of patient? | Yes | No | |
| 3. Was the ID Wristband easy to use? | Yes | No | |
| 3a. Was the fastening easy to use? | Yes | No | |
| 3b. Was the wristband print easy to read? | Yes | No | |
| 3c. If a red allergy band was used was the red clearly visible and did the red colour remain on the wristband? | Yes | No | N/A |
| 4. Did the wristband resist water and other fluids? For instance, did the band stay in tact? Did the patient information stay legible? | Yes | No | |
| 5. Did the wristband resist alcohol gel (door entry gel) when smeared onto it and left for a minimum of 10 minutes? Did the surface change colour? | Yes | No | |
| 6. Was the wristband easy to keep clean? | Yes | No | |

Please Turn Over

7. Did the wristband need to be replaced at any point during the trial? Yes No

If "Yes" please give details:

8. Does the design of the band enable the patient to wash easily? Yes No

9. Did the wristband have sharp edges or corners? Yes No

10. Did the wristband irritate the patients skin? Yes No

If "Yes" please give details:

11. Did the Patient make comment on any aspect of the wristband during the trial? Yes No

If "Yes" please give details:

12. Please indicate the length of time the patient was wearing the band for. From To

13. Please indicate which printer the bands were produced on. Printer details:

14. Were any barcodes on the wristband still readable with a scanner when it was removed? Yes No N/A

15. Was the patient information still readable when it was removed? Yes No

General Points (please circle)

16. Would you be happy to use this product in the future? Yes No

What is your overall opinion of this product? (Please circle as appropriate)	1	2	3	4	5
	Excellent	Good	Fair	Poor	Very Poor

Any General Comments	
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