



## Suprasorb® P sensitive feedback form

This form is to provide feedback on **Suprasorb® P sensitive** supplied by L&R Medical and should not be shared with external third parties.

Please note that the information recorded on this form should not contain identifiable patient data:

- It may be used for the purposes of data collection and analysis
- It may be used to support formulary changes

<b>Date:</b>	
<b>Trust:</b>	
<b>Type of wound:</b>	
<b>Location of wound:</b>	
<b>Existing/Previous Products:</b>	
<b>Frequency of dressing changes per week with existing product:</b>	
<b>Primary dressings (if used) with Suprasorb® P Sensitive:</b>	
<b>Products used for woundbed preparation (eg debridement):</b>	

How does **Suprasorb® P sensitive** compare to your existing dressing choice (please tick):

<b>Ease of application:</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
<b>Ease of removal (non-adherence):</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
<b>Wear time:</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
<b>Exudate management:</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
<b>Peri wound condition:</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
<b>Patient comfort:</b>	<input type="checkbox"/> Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor

**Wound Status:**

Healed

Improving

Static

Deteriorating

Comments:

**Overall how does the Suprasorb® P range compare to your existing brand?**

Very Good

Good

Fair

Poor

Very Poor

**Would you use this product again?**

Yes

No

Comments

**Patient Feedback:** Are there any patient or carer comments that you would like to share?

**Clinicians feedback:** Please record any relevant additional comments or information.

**Thank you for taking the time to complete this feedback form.**

For further information contact our Customer Services Team  
on **08450 606707** or email at **customerservices@uk.lrmed.com**