



Debrisoft® Duo feedback form

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

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Date:	Clinician identifier (e.g. Initials):	
Clinic (or place of work):	ICB or Health Trust:	
Patient identifier (e.g. A,B,C):	Patient age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Type of wound: <input type="checkbox"/> Diabetic ulcers <input type="checkbox"/> Arterial leg ulcer <input type="checkbox"/> Venous leg ulcers <input type="checkbox"/> Mixed leg ulcer <input type="checkbox"/> Pressure ulcer <input type="checkbox"/> Postoperative healing wound <input type="checkbox"/> Traumatic or surgical wounds (abrasions, incisions, lacerations) <input type="checkbox"/> Burns and scalds <input type="checkbox"/> Other please state: _____		
Wound location: <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Trunk <input type="checkbox"/> Back <input type="checkbox"/> Buttocks <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Elbow <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Head		
Wound duration: <input type="checkbox"/> 1 week <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6 months - 1 year <input type="checkbox"/> Other _____		

Prior to evaluation

Wound status: <input type="checkbox"/> Deteriorating <input type="checkbox"/> Static <input type="checkbox"/> Improving	
Wound tissue (%): ____ % Necrotic ____ % Firmly adhered fibrous slough ____ % Loose slough ____ % Granulating ____ % Epithelising	
Wound size: _____ cm height _____ cm width _____ cm depth	
Surrounding skin: <input type="checkbox"/> Callus <input type="checkbox"/> Dry / Scally <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Macerated / Excoriated <input type="checkbox"/> Healthy	
Exudate level: <input type="checkbox"/> Low / No <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High	
Clinical signs of infection: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____	Biofilm suspected in wound: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous debridement product(s) used: _____	
Evaluation product used: <input type="checkbox"/> Debrisoft Duo 10cm x 10cm <input type="checkbox"/> Debrisoft Duo 13cm x 20cm	
Antimicrobial dressing used: <input type="checkbox"/> None <input type="checkbox"/> Suprasorb Liquacel Ag <input type="checkbox"/> Other _____	
Other dressings/treatment used: _____	
Frequency of dressing changes: <input type="checkbox"/> Every 1-2 days <input type="checkbox"/> Every 3-4 days <input type="checkbox"/> Every 5-7 days	
Previous frequency of Debridement: <input type="checkbox"/> Every 1-2 days <input type="checkbox"/> Every 3-4 days <input type="checkbox"/> Every 5-7 days	

Patient Pain level: General	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Patient Pain level: During debridement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

End of evaluation period

Wound status: <input type="checkbox"/> Deteriorating <input type="checkbox"/> Static <input type="checkbox"/> Improving <input type="checkbox"/> Healed	Date: _____
Wound tissue (%): ____ % Necrotic ____ % Firmly adhered fibrous slough ____ % Loose slough ____ % Granulating ____ % Epithelising	
Wound size: _____ cm height _____ cm width _____ cm depth	
Surrounding skin: <input type="checkbox"/> Callus <input type="checkbox"/> Dry / Scally <input type="checkbox"/> Hyperkeratosis <input type="checkbox"/> Macerated / Excoriated <input type="checkbox"/> Healthy	
Exudate level: <input type="checkbox"/> Low / No <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High	
Clinical signs of infection: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments _____	Biofilm suspected in wound: <input type="checkbox"/> Yes <input type="checkbox"/> No
Antimicrobial dressing used: <input type="checkbox"/> None <input type="checkbox"/> Suprasorb Liquacel Ag <input type="checkbox"/> Other _____	
Other dressings/treatment used: _____	
Frequency of dressing changes: <input type="checkbox"/> Every 1-2 days <input type="checkbox"/> Every 3-4 days <input type="checkbox"/> Every 5-7 days	
Frequency of debridement with Debrisoft® Duo: <input type="checkbox"/> Every 1-2 days <input type="checkbox"/> Every 3-4 days <input type="checkbox"/> Every 5-7 days	

Patient Pain level: General	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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Patient Pain level: During debridement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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For which wound characteristics did you find the textured side of Debrisoft® Duo more effective?	<input type="checkbox"/> Firmly adhering, fibrinous slough <input type="checkbox"/> Loose slough <input type="checkbox"/> Necrotic tissue <input type="checkbox"/> Biofilm <input type="checkbox"/> Foreign debris <input type="checkbox"/> Other _____
For which wound characteristics did you find the soft side of Debrisoft® Duo more effective?	<input type="checkbox"/> Firmly adhering, fibrinous slough <input type="checkbox"/> Loose slough <input type="checkbox"/> Necrotic tissue <input type="checkbox"/> Biofilm <input type="checkbox"/> Foreign debris <input type="checkbox"/> Other _____

How do you rate Debrisoft® Duo compared to the debridement product or method previously used?

	Very Poor	Poor	Fair	Good	Very Good
Ease of use					
Effectiveness on removal of firmly adhering slough					
Effectiveness on removal of debris and exudate					
Effectiveness of biofilm disruption					
Effectiveness on removal of loose slough					
Time spent for effective debridement					
Patient tolerance					
Patient comfort when using product					
Impact on wound progression					

If this product was available on your formulary, how likely are you to continue using Debrisoft® Duo? (10 high)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
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If you currently use Debrisoft®, how likely are you to switch to Debrisoft® Duo? (10 high)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Comments _____	N/A <input type="checkbox"/>									

Would you recommend this product to be available on your local woundcare formulary? Yes No

Clinician feedback about using Debrisoft® Duo _____

Patient feedback about using Debrisoft® Duo _____

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**