



PRODUCT EVALUATION  
Air-Matt Transfer Mattress

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**Please circle one value for each question.**

Poor → Average → Excellent

1.	How EFFECTIVE is the device for transferring patients?	1	2	3	4	5
2.	How effective do you think this product will be in reducing INJURIES?	1	2	3	4	5
3.	Rate the device on its EASE OF USE.	1	2	3	4	5
4.	How EFFICIENT do you feel this product will be in the use of your time?	1	2	3	4	5
5.	How SAFE do you feel this product will be for the patient?	1	2	3	4	5
6.	How would you rate the device on OVERALL COMFORT?	1	2	3	4	5
7.	Will the device meet the WEIGHT REQUIREMENTS for the majority of your patients?	1	2	3	4	5
8.	Would you like to use this piece of equipment in your department?	1	2	3	4	5
9.	How would you compare this to other Air Transfer Devices that you have used? (Leave blank if not applicable)	1	2	3	4	5

Additional Comments:

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