



## MiniMe 2 Mask Evaluation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Dept: \_\_\_\_\_

☐ MiniMe 2 Vented



☐ MiniMe 2 Non-Vented



How would you rate this product?

	Meets Expectations	Exceeds Expectations
Ease of fitting mask	<input type="radio"/>	<input type="radio"/>
Product Design	<input type="radio"/>	<input type="radio"/>
Ease of using mask	<input type="radio"/>	<input type="radio"/>
Perceived patient comfort while using mask	<input type="radio"/>	<input type="radio"/>
Result Outcome	<input type="radio"/>	<input type="radio"/>

How often would you use this mask over another model?

Rate on a scale of 1-10 (1 being never, 10 being all the time)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Does this mask work as well or better than other pediatric masks?

Yes No

Would you use this mask for your patients in the future?

Yes No

Has the MiniMe 2 mask saved time during fitting or reduced rework?

Yes No

What are your suggestions on how to improve the mask?

*Additional thoughts or comments:*