SUNSET
HEALTHCARE SOLUTIONS

Clinical use

KidZzzs® Pediatric Mask Liners

Name: _____ Date: _____

Location: _____ Dept: _____

◯ KidZzzs® Full Face Mask Liner ◯ KidZzzs® Nasal Mask Liner

How Would you rate this product?

	Meets Expectations	Exceeds Expectations
Product design	◯	◯
Ease of placing liner on mask	◯	◯
Perceived patient comfort with liner on mask	◯	◯
Durability of liner	◯	◯

On a scale of 1-10 (1 being never, 10 being all the time). How often would you use this liner over another?

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

Does this liner work as well or better than your current skin barrier/liner?	**Yes** ◯	**No** ◯
Would you use this liner on your patients in the future?	**Yes** ◯	**No** ◯
Has the KidZzzs® mask liner saved time during the application of a skin barrier?	**Yes** ◯	**No** ◯

What are your suggestions on how to improve the liner?

Additional thoughts or comments: