

Technician survey on the SoftskinAir® liners

Thank you for participating in the survey about our Softskin-Air® liners. It's about the safety and performance of our products. The results help us to further improve our medical products and to continue to offer you high quality in the future. The multiple choice questionnaire is divided into 7 chapters and each question should be answered with one possible answer. If, in exceptional cases, several answer options are possible, this will be marked in the question. For the matrix questions, the answer choices are to be scored from 1 to 6. More detailed information can be found under the respective question.

1. Proband information

Company: _____

- Occupation:**
- Prosthetist
 - Master orthopedic technician
 - Doctor
 - Physiotherapist

2. Product rating

How are you satisfied with the quality of our product?

- very
- average
- not at all

How do you rate the manageability of the product?

- good
- average
- bad

Does the product fulfill the intended purpose of connecting the prosthetic socket to the amputation stump and removing body sweat from the skin?

- yes
- no

How does the product compare to competitive products?

- better
- same
- worse

If worse, why? (several answer options possible!)

- size configuration
- fit
- availability
- design
- shelf life
- others: _____

Which product is seen as a benchmark?

Manufacturer/ Product name: _____

Why? (several answer options possible!)

- few customer complaints
- is most often prescribed
- cheaper
- others: _____

Does the liner offer you advantages? Rate from 1 (very good) to 6 (very poor).

more wearing comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
higher activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
constant adhesion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
better skin appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
less irritation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
better stump climate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
cooling effect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
stable shaft connection	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
more safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
less time required due to frequent drying		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

How do you rank the price of SoftskinAir® liners?

- much too cheap
- too cheap
- just right
- too expensive
- much too expensive

3. Air function

Are you satisfied with our patented Air® technology?

- very good
- good
- okay
- bad
- very bad

How important is the function of breathability to you in liner supply?

- very important
- important
- unimportant

Which patient groups do you supply with a SoftskinAir® liner? (Multiple answers possible!)

- recent amputees
- patients who sweat heavily
- athletes
- children
- young adults
- geriatricians
- All
- Other _____

Does the supply with the liner give you disadvantages?

- no
- yes, indeed _____

4. Complications/ safety of the products

Have there been any complications/complaints in connection with the use of the product?

- no
- yes

If yes, which and what is the severity of the complication? Rate from 1 (very minor) to 6 (very severe).

pressure points	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
skin irritations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
circulatory disorders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
functional limitations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
intolerance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

worsening of the symptoms 1 2 3 4 5 6

malaise 1 2 3 4 5 6

others _____

(In the event of a health hazard, there is an immediate obligation to report)

If yes, how often do complaints occur?

- Very rare
- rarely
- regularly
- frequently
- very often

Are there/were there any technical deficiencies in connection with the use of the product that have an influence that is hazardous to health?

- no
- yes, indeed _____

If yes, what is the severity of the health hazard?

- light
- medium
- heavy

5. **Instruction manual**

Is the product complete and does it contain instructions for use?

- yes
- no

Have there been any application errors in connection with the use of the product due to misleading information?

- no
- yes, indeed _____

If so, to what degree of severity does it affect the usability of the product?

- light
- medium
- heavy

Do you have all the information you need to use the product safely/correctly?

- yes
- no, missing information is: _____

6. Service

How satisfied are you with the complaint management (complaint handling)?

- very
- average
- not at all

Are you satisfied with the consulting competence of our employees?

- yes
- no

7. Other

Would you recommend the SoftSkin-Air® liners to your customers/patients?

- yes
- no

Thank you for participating in our survey about our SoftSkin-Air® liners. They really help us a lot in the future to improve our products and to continue to produce medical products of the highest quality. If you have any further comments about our softskin liners, please let us know:
