
PLEASE HELP US (TO HELP YOU)...

We need to hear from you so we can evaluate and improve the format of our Safety Alerts/Public Health Advisories as well as the overall effectiveness of the Safety Alert program. Please take a few minutes to answer the questions below and return the form, by (new date entered for each survey), to the address listed below; a self-addressed return envelope has been included. A summary of the results may be found on the CDRH website ([HTTP://WWW.FDA.GOV/CDRH](http://www.fda.gov/cdrh)). All questions relate to the attached Safety Alert.

Your responses will be kept confidential. Thank you for your assistance.

1. A. Is the problem addressed in this Alert clearly identified? Yes No

B. If no, why not?

2. A. Is the problem addressed in this Alert easily understood? Yes No

B. If no, why not?

3. A. Are the actions for reducing risk clearly explained? Yes No

B. If no, why not?

4. A. Did you find the information contained in this Alert useful? Yes No

B. If no, why not?

5. Did you find the information contained in this Alert to be timely? Yes No

6. A. Were you aware of the problem addressed in this Alert prior to receiving it? Yes No

B. If yes, how did you first become aware of the problem?

a _____ personal experience

b _____ coworkers

c _____ professional bulletin

d _____ professional symposium

e _____ manufacturer recall

f _____ manufacturer notification

g _____ your organization's management

h _____ Other (please specify) _____

(over)

7. A. Have you taken any actions to eliminate or reduce the risk as a result of the information in this alert?

Yes
 No

B. If yes, what actions did you take?

C. If no, why not?

- a _____ already took action prior to alert
- b _____ actions planned prior to alert but not yet taken
- c _____ actions planned based on alert but not yet taken
- d _____ risk was never applicable to our operation
- e _____ felt risk did not warrant action

8. I would prefer to receive future Alerts:

(Please note that this question is to facilitate decisions regarding the most appropriate delivery vehicle, and will not result in any individual changes.)

- a _____ electronically (using an internet mailing list)
- b _____ by FAX
- c _____ printed (as currently sent)
- d _____ other (please specify) _____

9. My title is:

- a _____ Hospital Administrator
- b _____ Risk Manager
- c _____ Director of Nursing
- d _____ Biomedical/Clinical Engineer
- e _____ Safety Director
- f _____ Quality Assurance Manager
- g _____ Home Health Care Administrator
- h _____ Nursing Home Administrator
- i _____ Hospice Administrator
- j _____ Other (please specify) _____

10. In my organization, the most appropriate individual(s) to receive future alerts is (are): (Check as many as needed)

- a _____ Hospital Administrator
- b _____ Risk Manager
- c _____ Director of Nursing
- d _____ Biomedical/Clinical Engineer
- e _____ Safety Director
- f _____ Quality Assurance Manager
- g _____ Home Health Care Administrator
- h _____ Nursing Home Administrator
- i _____ Hospice Administrator
- j _____ Other (please specify) _____

11. I have the following suggestions for improving the FDA Safety Alert process:

Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing/reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Director, Issues Management Staff
Paperwork Reduction Project (0910-0341)
HFZ-510, Room 360V
1350 Piccard Drive
Rockville, MD 20850

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB 0910-0341 Exp. 6-30-00