

One Piece Pouch Evaluation Form

Thank you for your interest in the Emperor One Piece Pouch Range.

We would be grateful if you could complete this short evaluation after you have tried the pouches in this sample pack and return the completed form to us in the pre-paid envelope enclosed. Please read the Instructions for Use before using.

About You					
Name:	•••••	Te	No:	••••••	••••••
Email:	•••••	••••••	•••••	•••••	•••••
Age Range:	0-20 🗔	21-40 🗔	41-60 🗔	61-80 📮	81+ 🗔
Stoma Type:	Colostomy 🖵	lleostomy 🖵			
Current Pouch use	d?	••••••	••••••	•••••	•••••
How often do you	change your pou	ıch?	••••••	•••••	•••••
How do you receive	e your stoma su	pplies? Home [elivery Service	e 🗋 Chemis	t 🗖
If via a Home Deliv	ery Service, whi	ch one?	•••••	•••••	•••••
Which Emperor Po	uch did you try?	Closed	Drain	able 🗔	
Was the pouch you	ı tried flat or cor	nvex? Flat 🛄	Conve	ex 🗖	
Application an	d Use				
How would you rate the Emperor Pouch overall in the following areas compared to your regular pouch?					
	Poor	Fair	Good	Very Good	Excellent
Comfort					
Security					
Filter Performance					
Wear Time					
Skin Friendliness					
Pouch Fabric					
Quietness					
Emptying (if applicable)					
Convex Comfort (if app	licable)				



Feedback	
What did you like about the Emperor Pouch?	••••
	••••
	••••
Was there anything you disliked about the Emperor Pouch?	••••
Overall, how did the Emperor Pouch compare to your regular pouch?	••••
Better Same Worse	
Continued Use and Recommendation	
Will you continue to use the Emperor Pouch? Yes 🔲 No 🗔	
How likely are you to recommend the Emperor Pouches to fellow ostomates?	
Not Likely Extremely Likely 1 2 3 4 5	,
	_
Additional Feedback	
Please use this area to provide any further comments following your Emperor Pouch trial	i:
	••••
	••••
Consent	
I give consent for the content of this evaluation to be used for any purposes deemed appropriate by Rocialle Direct. Your personal details will NOT be used.	
I consent: Yes 🗔 No 🗔	
If yes: Signed: Date:	••••
Data Protection	
Preferred Form of Contact: Home Phone 🔲 Mobile 🗀 Email 🗀 Text 🗀 Post	
Signed: Date:	
Our full Privacy Policy can be viewed at www.rociallehealthcare.com. We are committed to ensuring that your details are kept safe and will never share your information with a third party.	

Thank you for taking the time to complete this evaluation.

