

Attends® Resident/Family Evaluation Form



This evaluation form is to help us understand your needs and to better serve you. At Attends, we strive to be our best and with your input we can continue to provide a high quality product, program, and service.

Date: _____ Facility: _____

Name: _____ Unit: _____

Product Evaluation Form	Rating
1. How would you rate the overall performance of the Attends product?	Poor 1 2 3 4 5 Excellent
Comments:	
2. Does the product help keep your skin dry?	YES NO
Comments:	
3. Does the product help maintain healthy skin (i.e. no redness)?	YES NO
Comments:	
4. Are the products easy to apply and remove?	YES NO
Comments:	
5. Does the product help to reduce incontinence-related odor?	YES NO
Comments:	
6. Does the product help to minimize leakage?	YES NO
Comments:	
7. Does the product promote comfort?	YES NO
Comments:	

Please share your feedback regarding the following product:

Product	Comments
Briefs	
Pull-ons/Protective Underwear	
Underpads	
Insert Pads	

Thank you for your feedback