

Feedback Questionnaire - Femmeze Rectocele Device

We are aiming to improve patient care for rectocele condition, and therefore we are conducting a study to see how patients find using a device compared to their own way of managing the condition.

We appreciate you taking the time to complete this evaluation of the Femmeze.

Section 1 - About yourself

Questionnaire

Age:

How long have you had the recotcele condition ? Years Months

Have you been advised that your condition is suited to surgical correction ? Yes No

Are you awaiting surgery ? Yes No

Have you decided against surgery ? Yes No

Have you had surgery that was not fully successful ? Yes No

How do you currently manage the condition?

Please tick any that apply

- Do nothing
- Use fingers
- Use some other aid - Please specify what ?

Please offer any comments you may wish to about how you manage your condition, any impacts this has on your life

Section 2 - Current management approach (Optional)

Please continue to manage the condition in your own chosen way for seven days, but in addition please keep a log of any observations you have about this.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Section 3 - Alternative way to manage condition (Optional)

The Femmeze is a new device designed to help manage this condition, complete with instructions for use

***** PLEASE ENSURE THAT YOU HAVE READ AND UNDERSTOOD THE INSTRUCTIONS FOR
USE PROVIDED WITH THE FEMMEZE *****

Use the Femmeze device for seven days keeping a log of any observations of its use.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Section 4 - Evaluation of methods

Where did you use the Femmeze ? (please tick)

- Only when at home
- Anywhere I needed to - at home and at other places whilst out
- Only at other places whilst out

4.1 - Preference

Comparing your previous way of managing the condition, with using the Femmeze, which method did you prefer and why ?

4.2 Effectiveness

Regarding how well the Femmeze helps me to deal with Recotocele, I found it :- (please tick)

- Very effective
- Useful
- Slightly Helpful
- Not at all effective

Please describe why?

4.3 Ease of use

Regarding how easy it was to use the Femmeze, I found it : (please tick)

- Very Easy
- Easy
- Acceptable
- Difficult
- Very Difficult

Please describe why?

4.4 Place of use

If you chose to use Femmeze as a regular part of managing rectocele , where would you use it ?

- Only when at home
- Anywhere I needed to - at home and at other places whilst out
- Only at other places whilst out

Please describe why?

4.5 Convenience , Storage and Carrying

Please indicate if you found it convenient or not to keep Femmeze with you for when you wish to use it, including using the carry case

I found it :-

- Very Convenient
- Convenient
- Acceptable
- Inconvenient
- Very Inconvenient

Please describe why?

4.6 ' Feel ' of Femmeze

As a personal device for women to use to help manage their rectocele how does the product 'feel' to you ? please include in your comments aspects such as the appearance, colour, carry case

Do you have any suggestions on how we could make this a better solution ?

Thank you for your participation