

SutureSafe®

Questionnaire

All Canica products are developed in cooperation with medical institutions and healthcare professionals. Our ability to develop, and continually improve these devices relies heavily not only on their feedback, but also on feedback from patients and consumers.

By completing and submitting this questionnaire, you will help us make our products more effective for other users, whether they are patients, relatives or healthcare professionals. All of us at Canica thank you in advance for taking the time to provide us with this feedback, and encourage you to be candid. As much as we like words of encouragement, words of criticism are frequently just as helpful.

1. CONTACT INFORMATION *(optional)*

Name : _____ Email : _____

Street address : _____ City/town : _____

Province/State : _____ Country : _____ Postal/zip code : _____ Tel. # : _____

2. Who used SutureSafe (check all that apply)?

yourself child spouse other _____

3. Was this SutureSafe a gift? Yes No

4. Why did you purchase/receive SutureSafe (check all that apply)?

	Was it effective?	Explain
<input type="checkbox"/> to reduce pain	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> to reduce scarring	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> to be able to shower	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> to keep incision closed	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> to help increase mobility	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> to close a small cut	<input type="radio"/> yes <input type="radio"/> no	_____
<input type="checkbox"/> other _____	<input type="radio"/> yes <input type="radio"/> no	_____

5. What caused the incision/wound (i.e. type of surgery/accident)? _____

6. Location of incision/wound: _____

7. Length of incision/wound: _____ inches cm

8. Which size did you use? 1/2" x 4" (DWS12) 5/8" x 8 1/2" (DWS14)

9. Was this size appropriate? Yes No, needed smaller size No, needed larger size

10. How many SutureSafe were used and approximately how long did each application stay on (complete where applicable)?

	Number used	How long did they stay on?	Comments
1st application:	_____	_____ days	_____
2nd application:	_____	_____ days	_____
3rd application:	_____	_____ days	_____
4th application:	_____	_____ days	_____

11. Were the instructions easy to follow? Yes No Comments: _____

12. Was there anything you particularly liked or disliked about SutureSafe?

13. Would you buy it again? Yes No

14. Can we contact you for more information? Yes No

Canica's Commitment to Your Privacy

Canica maintains strict policies that comply with the laws of USA and Canada governing the protection of personal and confidential information. The information provided to us will be used for the intended purposes of communicating and improving both the quality and functionality of our products. Our strictly enforced policies prohibit any disclosure of your personal information, or that of any person identified in the content of this questionnaire, without express written permission, unless obligated to disclose by order of a court of competent jurisdiction.

 [Click to submit questionnaire using your email](#)