

Information about you

	Please fill out:
Name of institution / hospital	Click or type here to enter text.
Date of editing	Click or type here to enter text.
Name of related department	Click or type here to enter text.
Your position in the institution	Click or type here to enter text.

Product and application details

	Please fill out
Name of NORAS product in use (one product per questionnaire)	Click or type here to enter text.
For which concrete applications do you use our product?	Click or type here to enter text.
used MR Scanner*	Click or type here to enter text.
used MR Software*	Click or type here to enter text.
How long has our product been in use?	Click or type here to enter text.
How often is our product in use? (please specify, e.g. per day, week, month or year)	Click or type here to enter text.
How many people (approx.) do use our product within your institution?	Click or type here to enter text.
Patient division?	Gender: enter number % female enter number % divers enter number % male
	Age: enter number % under 18 years enter number % 18 - 65 years enter number % over 65 years

*optional

Incidents and side effects

Question:	Please tick off:	If yes, please describe:
Was there a serious incident that had to be reported when using our product?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or type here to enter text.
Did a non-serious incident occur during the use of our product?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or type here to enter text.
Did undesirable side effects occur during use of our product?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or type here to enter text.

*according to the Regulation (EU) 2017/745 (MDR)

Product performance (the higher the value, the better the product)

If possible, please evaluate our product in comparison to a competitor product.

not applicable

enter name: competitor product and company

Question	1 = very bad	10 = very good	Remarks
	NORAS	competitor	
Functionality <i>(Does the product meet the functional description according to the marketing and instructions for use?)</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.
Flexibility <i>(e.g. adjustment options for positioning; compatibility, etc.)</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.
Usability <i>(How do you rate the ergonomics and handling?)</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.
Workflow <i>(Does the product offer the possibility to map your workflow effectively and efficiently? Also in combination with other products)</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.
Product quality <i>(e.g. image quality for coils)</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.
Price / Performance <i>(Does the price justify the performance?), even in comparison to competing products</i>	Value 1- 10: enter value	Value 1- 10: enter value	Click or type here to enter text.

Product safety (the higher the value, the safer the product)

Question	1 = very bad 10 = very good	Remarks
How well does our product contribute to patient safety?	Value 1- 10: enter value	Click or type here to enter text.
How well does our product contribute to user (e.g. doctors, nurses, etc.) safety?	Value 1- 10: enter value	Click or type here to enter text.
How well does our product contribute to safety of cleaning-personnel (e.g. risk of contamination, etc.)?	Value 1- 10: enter value	Click or type here to enter text.
What concrete safety risks could arise when using our product? Click or type here to enter text.		

Others (the higher the value, the more satisfied you are)

Satisfaction with:	1 = very bad 10 = very good	Remarks
Delivery reliability	Value 1- 10: enter value	Click or type here to enter text.
Communication <i>(e.g., reaction times, quality of provided information, etc.)</i>	Value 1- 10: enter value	Click or type here to enter text.

<u>In a nutshell – What we do good:</u> Click or type here to enter text.
<u>In a nutshell – What we can do better:</u> Click or type here to enter text.

Please send the completed questionnaire back to info@noras.de or by fax (0931 / 299 27-20)

NORAS MRI products GmbH

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Thank you very much for your support!