



VIAMED LIMITED

EEG SENSOR FEEDBACK FORM

Thank you for evaluating the APK EEG sensors. We value your input and would appreciate your feedback to help us improve the quality and performance of our products. Please take a moment to rate your experience with the following aspects of the EEG sensor.

Your responses will remain confidential and are crucial for enhancing our product offerings.

	Very Poor (1)	Poor (2)	Neutral (3)	Good (4)	Excellent (5)
Instructions: How clear and helpful were the instructions provided with the EEG sensor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensor Packaging: How would you rate the quality of the sensor packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design of the Sensor: How satisfied are you with the design and comfort of the EEG sensor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Application: How easy was it to apply the EEG sensor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesion Quality: How would you rate the adhesion quality of the EEG sensor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Quality: How would you rate the signal quality of the EEG sensor during use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OEM Equipment: Which manufacturer's equipment do you or your customers use the EEG sensors with?

OEM Equipment Model: Which equipment model do you or your customers use the EEG sensors with?

Any additional comments?

Hospital/Organisation: _____ Name: _____

Date: _____ Job Title: _____