

# 3M™ Tegaderm™ High Performance Foam Non-Adhesive Dressing Evaluation

Name of Evaluator	Title	Phone Number	Evaluation Dates
Health Care Facility Name			Department
Sales Representative			Phone Number

Do you presently use a foam dressing?

Yes       No      If yes, which brand? \_\_\_\_\_

Which Tegaderm™ Foam Dressing(s) did you try?

2" x 2" Square       4" x 4" Square       8" x 8" Square       4" x 8" Rectangle       Fenestrated       Roll

Please check the site(s) where Tegaderm™ Foam Dressing was applied:

Arm/Elbow       Lower Extremity       Trochanter  
 Foot/Heel       Ischial Tuberosity       Sacrum/Coccyx       Other: \_\_\_\_\_

Please check the wound type the dressing was applied to:

Venous Leg Ulcer Under Compression       Skin Tear       Surgical Incision  
 Stage II Pressure Ulcer       Stage III Pressure Ulcer       Other: \_\_\_\_\_

Other products used with dressing:

Barrier Film       Compression Bandage  
 Wound Filler       Antimicrobial       Other: \_\_\_\_\_

Method of secural:

Compression Dressing       Tape       Roll Gauze       Elastic or Cohesive Wrap

Please rate Tegaderm™ High Performance Foam Non-Adhesive Dressing as it compares to the foam non-adhesive dressing you have used most often:						
	Much Better	Better	Same	Worse	Much Worse	N/A
Absorbency/Exudate management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimized potential for maceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance under compression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevents strikethrough (leakage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing is comfortable for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing softness and conformability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of dressing application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonadherent to wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall dressing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:	
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