



We would like to thank you for expressing an interest in the Clear Surgical **Oplight**, and agreeing to use it during your surgical procedures.

We are extremely interested in your insights and feedback on your experience using the product and therefore, would be very grateful if you could take a few moments to record these below. This will be used for us to continuously improve the product and its performance.

NAME:

SURGICAL DISCIPLINE OR SPECIALISATION:

HEALTHCARE ORGANISATION OR LOCATION:

INSTRUMENT OR EQUIPMENT USED IN CONJUNCTION WITH THE OPLIGHT DURING SURGERY

A) About The Surgical Procedure

1. During what type of surgical procedure did you use the **Oplight**?

2. How long was the surgery you undertook?

3. During the total time of surgery, how often did the OR team adjust the lighting around you?

4. How well did the **Oplight** facilitate you to achieve the intended outcome of your surgery?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very well	Well	Quite well	Not very well	Not at all

B) About The Oplight

5. How likely are you to use an **Oplight** again during a surgical procedure?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very likely	Likely	Quite likely	Not likely	Not at all

6. Would you recommend the **Oplight** to a colleague?

Yes	No

7. How well do you think the **Oplight** fits the purpose it was intended for, as a shadow-free light enhancement during deep cavity operations?

Very well	Well	Quite well	Not very well	Not at all

8. How easy is it to switch the **Oplight** on and off?

Very easy	Easy	Quite easy	Difficult	Very difficult

9. How easy was it to fix the **Oplight** to a retractor before use?

Very easy	Easy	Quite easy	Difficult	Very difficult

10. What do you think of the **Oplight** size?

Too Big	Too Small	Just Right

11. Can you please tell us who procures the tools, instruments and materials for use in your OR?
(Name and position, if available)

12. Can you please tell us who is normally responsible for affixing the **Oplight** to the retractor in the OR?

13. Please let us have any general comments you would like us to consider for making the **Oplight** even better.