

# Epi-Shield Hand Cream QUESTIONNAIRE

*As part of our endeavour to improve hand-care in this Hospital I would be grateful if you would take a moment to complete this questionnaire.*

**Q1** Do you use Epi-shield ?  
REGULARLY \_\_\_\_ OCASSIONALLY \_\_\_\_ NOT AT ALL \_\_\_\_

**Q2** How many times daily do you apply the cream?  
ONCE \_\_\_\_ TWICE \_\_\_\_ 3 TIMES \_\_\_\_ MORE THAN 3 TIMES \_\_\_\_

**Q3** Do you find Epi-shield  
COSMETICALLY ACCEPTABLE YES \_\_\_\_ NO \_\_\_\_  
SOOTHING YES \_\_\_\_ NO \_\_\_\_  
IRRITATING YES \_\_\_\_ NO \_\_\_\_

**Q4** Do you feel Epi-shield helps protect your hands in the workplace? YES\_\_ NO\_\_

**Q5** Has Epi-shield improved the overall condition of your hands? YES \_\_ NO\_\_

**Q6** Would you recommend that this product be used? YES \_\_ NO \_\_

**Q7** Where is the Epi-shield situated on your ward? \_\_\_\_\_

**Q8** Is it accessible? YES \_\_\_\_ NO \_\_\_\_  
If NO where should it be situated? \_\_\_\_\_

NAME \_\_\_\_\_ DEPT/WARD \_\_\_\_\_

*Thank you.*

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