

Product Evaluation Form

3M™ Cavilon™ No Sting Barrier Film – Multiple Uses

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

Please check the application(s) where you currently use a moisture barrier cream/ointment and/or barrier film.

- Incontinence care
 Peristomal protection from urine/feces
 Peristomal protection from adhesives
 Periwound protection
 Protection under adhesive dressings/tapes
 Peritube/device protection from body fluids
 Protection from friction
 Protection from friction and moisture

Please list the product(s) you currently use for skin damage prevention:

Please rate Cavilon No Sting Barrier Film on the following features:	Excellent	Very Good	Good	Fair	Poor
Ease of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drying time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texture/feel once dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from feces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from adhesive products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin protection from friction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3M™ Cavilon™ NO STING BARRIER FILM

Product Evaluation Form

3M™ Cavilon™ No Sting Barrier Film – Multiple Uses *continued*

3M™ Cavilon™ NO STING BARRIER FILM

Please compare Cavilon No Sting Barrier Film to your current product:	Much Better	Better	As Good	Worse	Much Worse
Incontinence protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peristomal protection from urine/feces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peristomal protection from adhesives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peritube/device skin protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periwound skin protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friction protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friction/moisture protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you purchase/recommend your facility purchase Cavilon No Sting Barrier Film?

Definitely Probably No If no, why? _____

Would you recommend your patients purchase Cavilon No Sting Barrier Film?

Definitely Probably No If no, why? _____

Additional Comments _____

Please complete and return this evaluation form to your 3M Skin & Wound Care Representative.



Skin & Wound Care Division
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 70-2011-5329-6