



# Clinical Evaluation Form DBO Commode

## Your Details

Name:

Position:

Hospital:

Contact Number:

## Network Forum

If you would like to share your results and see the results of others trialing the DBO Commode tick box

## Overall Impression

Excellent  Good  Fair  Poor

Comments

## Patient Safety

Excellent  Good  Fair  Poor

Comments

## Ease Of Cleaning

Excellent  Good  Fair  Poor

Comments

## Ease Of Use (staff)

Excellent  Good  Fair  Poor

Comments

## Patient Experience

Excellent  Good  Fair  Poor

Comments

Manoeuvrability

Excellent  Good  Fair  Poor

Comments

Use Over Toilet

Excellent  Good  Fair  Poor

Comments

Pan Design

Excellent  Good  Fair  Poor

Comments

Storage (sluice room)

Excellent  Good  Fair  Poor

Comments

Stability

Excellent  Good  Fair  Poor

Comments

Appearance

Excellent  Good  Fair  Poor

Comments