



Diveen[®]

Evaluation Form

By completing this form, you consent to the processing of your personal data in accordance with our Privacy Policy. The information collected will be used for the purpose of improving our products and services and may be used in future marketing literature. All information collected will be anonymised. Data will be stored electronically and will not be provided to any other third party. For more information, please read our Privacy Policy at <https://www.bbraun.co.uk/en/privacy-policy>. You have the right to access, rectify or delete your personal data. To do this, please contact us at opm.bb muk@b braun.com

Once completed, please email the form to opm.bb muk@b braun.com

Date

Healthcare Professional

Centre

Address

User Impressions of Diveen®

About you

How old are you?	18-45	46-65	66+
How long have you been suffering with urinary leaks?	Less than 1 year	1-5 years	6 years+
How do you currently manage these leaks e.g. pads/pants etc?			
How would you describe the frequency of your urinary leaks?	All the time Often	Most of the time Once in a while	Rarely
How often would you use Diveen?	Daily Occasionally	When you go out For physical activity	
If using for physical activity, how many times would you use Diveen per week?	per week		
Please state physical activity:			

About Diveen®

How many Diveen devices did you try?	1	2-3	4-5	6+
Which size did you try?	Small		Medium	
Did you use the applicator to insert Diveen?	Yes		No	
Did you read the instructions for use before you tried Diveen?	Yes		No	
Each Diveen is licenced for 2 wears and should be thrown away after the second wear because of hygiene and effectiveness reasons. Please tell us how you would use Diveen.	Follow the manufacturer instructions (two wears per device) Use a new Diveen each time Other			
How would you like to order Diveen?	Ask your GP to prescribe the device on an NHS prescription Purchase the device from an online shop			
Do you use social media?	Yes		No	
If yes, please tell us which social media channels you follow	X (Twitter)	Facebook	Instagram	
	Other			

Overall

Would you like to continue to use Diveen in the future?	Yes	No
Please tell us what you think about Diveen		

Please provide your contact details if you would like us to email or text you with details about how you can order Diveen	Email:	
	Mobile:	
Do you feel that Diveen has improved your quality of life?	Yes	No
In the space below, please tell us more		

Opinions of Diveen

Excellent Good Poor Very Poor

	Excellent	Good	Poor	Very Poor
Overall impression of the packaging				
Instructions for use leaflet in the box				
Ease of opening/preparation for use				
Ease of insertion				
Ease of removal				
Comfort of Diveen during wear time				
Feeling of security when wearing Diveen				
Convenience of Diveen				
Discretion of Diveen				
Effectiveness of reducing urinary leaks				
Overall satisfaction of Diveen				



Scan the code to find out more information about Diveen®

PHONE: 0800 163 007

EMAIL: opm.bbmuk@bbraun.com

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