

Please e-mail this survey or print and send to address below

## TAG Brace Details

Date  Serial No.  Patient Name

## Wound/Ulcer Treatment

Is an wound/ulcer being treated?  Yes  No (go to **Patient Experience** section)

What is the current size of the wound/ulcer (mm)? Length  Width  Depth

**Please e-mail an updated photo of the ulcer to [referrals@tagbrace.com.au](mailto:referrals@tagbrace.com.au) today if possible.**

## Patient Experience

Please ask your patient these questions about their experience and satisfaction with the TAG Brace treatment so far.

- 1) Does your injury or problem still affect your ability to partake in daily activities?  No  Rarely  Sometimes  Often  Always
- 2) How much pain do you currently experience?  No Pain  Mild Pain  Moderate Pain  Lots of Pain  Extreme Pain
- 3) How often can you walk with the current treatment and progress?  Always  Often  Sometimes  Rarely  Never
- 4) If applicable, how often can you partake in your normal occupation?  Always  Often  Sometimes  Rarely  Never
- 5) How satisfied are you with the current treatment and progress?  Very Satisfied  Satisfied  Neutral  Unsatisfied  Very Unsatisfied

## Practitioner Experience

- 1) How satisfied are you with the quality of the TAG Brace?  Very Satisfied  Satisfied  Neutral  Unsatisfied  Very Unsatisfied
- 2) How satisfied are you with the efficacy of the TAG Brace?  Very Satisfied  Satisfied  Neutral  Unsatisfied  Very Unsatisfied
- 3) Please rate your experience with TAG Brace Australia  Excellent  Good  Neutral  Poor  Very Poor
- 4) How likely are you to use the TAG Brace again?  Very Likely  Likely  Perhaps  Unlikely  Very Unlikely
- 5) How likely are you to recommend the TAG Brace to a colleague?  Very Likely  Likely  Perhaps  Unlikely  Very Unlikely

## Comments & Suggestions

**TAG Brace Australia**  
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