

Record ID: \_\_\_\_\_

### Patient Perceptions to a Pressure-Sensing Mattress System

Thank you for participating in this study. Please take 5 minutes to complete this survey, which will help our research team understand what you thought about the pressure-sensing mattress system, and how it influenced care provided by healthcare providers.

1. Specify the person filling out this form.

- Patient
- Proxy: \_\_\_\_\_

2. Has a pressure-sensing mattress system been used for you/the patient before?

- Yes
- No

3. Please answer the following by checking one of the numbered choices:

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
The sensor mat was comfortable to lie/sleep on.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The sensor mat moved significantly when laid/slept on.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The pressure relief provided by the nurse was positively influenced by the system	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. Did you or the patient request that the sensor mat be removed?

- Yes
- No

5. Did you or the patient request that the LCD monitor be turned off?

- Yes
- No

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6. Additional comments:

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