IV Stand
Product Survey and Evaluation Form

Date: April 10, 2002
AMG Rep: _____

Contact Information

Full Name: _____

Title / Position _____

Institution Name _____

Ward / Department _____

Phone Number ( ) _____ **Ext.** ( ) _____ **Fax Number** ( ) _____

Email address _____

Product Survey

1. Approximately, how many years have you been working in a hospital setting?

☐ a) Less than 5 years ☐ b) 5 – 10 years ☐ c) 10 – 15 years ☐ d) Over 15 years

2. How frequently do you handle an IV Stand in a typical workday?

☐ a) Frequently *(More than 5 times a day)*
☐ b) Occasionally *(2 to 5 times a day)*
☐ c) Rarely *(Once a day at most)*
☐ d) Never

3. What is your level of involvement in the decision-making process when it comes to purchasing IV stands?

☐ a) I make the final buying decision.
☐ b) I frequently make recommendations to the final decision maker(s).
☐ c) I occasionally make recommendations to the final decision maker(s).
☐ d) I am not involved in the decision making process.

4. Which manufacturer do you consider to be the best at making IV Stands? *(Select only one)*

☐ a) Abbott ☐ d) Brewer Company ☐ g) Pryor Products j) Other: _____
☐ b) AMG Medical ☐ e) IV League Medical ☐ h) Sterling Industries
☐ c) Blickman Health Industries ☐ f) JB Call ☐ i) I don't know

5. Of the following IV stand manufacturers, circle which ones are currently being used in your ward? *(Select all that apply)*

☐ a) Abbott ☐ d) Brewer Company ☐ g) Pryor Products j) Other: _____
☐ b) AMG Medical ☐ e) IV League Medical ☐ h) Sterling Industries
☐ c) Blickman Health Industries ☐ f) JB Call ☐ i) I don't know

6. Of the following product attributes, circle the TOP 3 features / characteristics that concern you the most?

☐ a) Quality of casters ☐ d) Height adjustment mechanism ☐ g) Quantity of intravenous pumps the stand can carry
☐ b) Style of base ☐ e) Ease of maintenance / cleaning ☐ h) Price
☐ c) Pole stability ☐ f) Hook style and configuration i) Other: _____

7. Rate the following product attributes listed below on a scale from 1 to 100 - in terms of what is important to YOU.
(eg. Score of **1 = Not Important**; score of **100 = Extremely Important**)

Caster Attributes	Level of Importance
Smoothness of Glide	_____ / 100
Ease of Caster Maintenance	_____ / 100
Quietness of Caster Roll	_____ / 100
Number of Casters	_____ / 100
Ease of Controlling the Direction of IV Stand	_____ / 100
Base Attributes	
Weight of Base	_____ / 100
Convenience / Practicality of Base Size	_____ / 100
Base Design	_____ / 100
Pole Attributes	
Ability to attach Multiple Infusion Pumps	_____ / 100
Pole Stability	_____ / 100
Hook Design	_____ / 100
Height Adjustment Attributes	
Height Adjustment Knob	_____ / 100
Ease of Operation	_____ / 100
Grip on Upper Stem	_____ / 100
IV Stand Accessories	
Availability of Accessories	_____ / 100
Compatibility with Existing Accessories	_____ / 100

8. What accessories are commonly added to your ward's IV Stands?

- ☐ a) Guiding Handle
- ☐ b) Urinary drainage bag hooks
- ☐ c) Utility Tray
- ☐ d) Utility Basket
- ☐ e) Electrical Strip
- ☐ f) Oxygen Tank Holder
- g) Other (s): _____ _____ _____

9. What hook configuration do you prefer?

☐ a) 4 hook K-configuration ☐ b) 4 hook Cross-configuration ☐ c) 2 hook configuration

10. Do you have a preferred finish or coating for the IV Stand base? ☐ **Yes** ☐ **No**

If yes, please specify your preferred finish for the IV Stand base: _____

11. Do you have a preferred finish or coating for the IV Stand shaft? ☐ **Yes** ☐ **No**

If yes, please specify your preferred finish for the IV Stand shaft: _____

12. In your opinion, does the "ideal" IV Stand exist yet in the market? ☐ **Yes** ☐ **No**
If so, identify this IV Stand and explain why it is ideal.
If not, suppose you were to build the ideal IV Stand, what characteristics / features would it possess?

_____

_____

_____

13. Once you have taken some time to assess the AMG IV Stand, please score the AMG IV Stand on each of the product attributes listed below. (A score of 100 is a perfect score.) Then use the space provided to the right for any advice on what you would change, improve or prefer to make the AMG IV Stand better.

IV Stand Model Number:	**AMG 775-855 / 860**	
Caster Attributes	**Score**	**What would you change, improve or prefer?**
Smoothness of Caster Glide	____ / 100	
Ease of Castor Maintenance	____ / 100	
Quietness of Caster Roll	____ / 100	
Number of Casters	____ / 100	
Ease of Controlling the Direction of IV Stand	____ / 100	
Base Attributes	**Score**	**What would you change, improve or prefer?**
Base Weight	____ / 100	
Convenience / Practicality of Base Size	____ / 100	
Base Design	____ / 100	
Pole Attributes	**Score**	**What would you change, improve or prefer?**
Ability to attach Multiple Infusion Pumps	____ / 100	
Pole Stability	____ / 100	
Hook Design	____ / 100	
Height Adjustment Attributes	**Score**	**What would you change, improve or prefer?**
Height Adjustment Knob	____ / 100	
Ease of Operation	____ / 100	
Grip on Upper Stem	____ / 100	
IV Stand Accessories	**Score**	**What would you change, improve or prefer?**
Availability of Accessories	____ / 100	
Compatibility with Existing Accessories	____ / 100	

14. Overall, how did the AMG IV Stand perform?

- ☐ a) Significantly Better than the stands you currently use
- ☐ b) Slightly Better than the stands you currently use
- ☐ c) Neither Better nor Worse than the stands you currently use
- ☐ d) Slightly Worse than the stands you currently use
- ☐ e) Significantly Worse than the stands you currently use

15. What did you like MOST about the AMG Stand?

16. What did you like LEAST about the AMG Stand?

17. What is the likelihood that you would Purchase or Recommend the AMG IV Stand?

- ☐ a) Definitely would purchase or recommend
- ☐ b) Probably would purchase or recommend
- ☐ c) Might or might not purchase or recommend
- ☐ d) Probably would not purchase or recommend
- ☐ e) Definitely would not purchase or recommend

18. If you have any additional comments that you wish to make, please feel free to use the space provided below.

Submit

To send this form, press Submit.
Or print this form and send it by fax at: 1-800-295-6572

Reset

Thank you for taking the time to fill out this questionnaire.

For additional Information on AMG IV Stands you can contact us at:

1-800-361-2210

www.amgivpole.com

AMG

AMG Medical Inc., 8505 Dalton Road, Montréal (QC) H4T 1V5