

CheckCLIP Medication Identification Clips Product Satisfaction Survey – 2026

Thank you for giving us five minutes of your time to tell us about our CheckCLIP Medication Identification Clips.

This survey is divided into two sections: Section 1 is intended for use by our Quality Assurance Team as part of our ISO 13485 accreditation process; Section 2 aims to gather insights that will help improve our research and development, and enhance the quality of our services.

To show our thanks, every person who completes the survey by 31st July 2026, 11:59 PM AEST, and provides their email address in the last question goes into the draw to win an AUD100 gift card. Winners will be notified by email. See full terms and conditions at: <https://drive.google.com/file/d/1H3svXO7-Ew12RtrmRg8cg-QZwgvGH9fj/view?usp=sharing>

Your privacy is very important to us. Please be assured that your personal details will not be collected and used to identify your answers and will not be passed onto anyone outside of our organisation.

We appreciate your honest feedback — constructive criticism is always welcome.

Please submit your completed survey by sending the PDF to the following email address: hello@qlicksmart.com

—The Qlicksmart Team

*** Indicates required question**

CheckCLIP for Ampoules (pink) and Vials (green)



Section 1 – Quality Assurance

Firstly, we would like to learn a little bit about you and your experiences with the CheckCLIP.

1. Which region are you from? *

Mark only one oval.

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="radio"/> Africa | <input type="radio"/> Canada | <input type="radio"/> Middle East |
| <input type="radio"/> Asia | <input type="radio"/> Central America | <input type="radio"/> South America |
| <input type="radio"/> Australia/New Zealand | <input type="radio"/> Europe | <input type="radio"/> USA |

2. Which of the following best describes your field of work? *

Mark only one oval.

- Emergency
- Intensive Care Unit (ICU)
- Ambulance / Paramedic
- Other: _____

3. Which department within your company / hospital is primarily responsible for covering the cost or approving the purchase of our products? *

Mark only one oval.

- Your department
- Central or purchasing department
- Yourself
- Other: _____

4. How long have you been using the CheckCLIP for? *

Mark only one oval.

- Less than 6 months
- 6 – 11 months
- 2+ years

5. Please rate how much you agree or disagree with the following statements about the CheckCLIP from 1 (strongly disagree), to 5 (strongly agree). *
 Mark only one oval per row.

	1 – Strongly Disagree	2 – Disagree	3 – Neither Agree nor Disagree	4 – Agree	5 – Strongly Agree
It is easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Its instructions are easy to find and understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It performs as described	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It works for me every time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe using it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend it to my peers/colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Which CheckCLIP model(s) are you currently using? *
 Check all that apply.



CheckCLIP for ampoules



CheckCLIP for vials

7. What are the reasons for you (or your workplace) first purchasing the CheckCLIP? *

Check all that apply.

- To prevent medication errors
 - Easy to use
 - Recommended by a colleague or administrator
 - Other: _____
-

You're Almost There!

You can submit your responses here if you've completed Section 1, or if you'd like to continue, please spend approximately two more minutes to complete the next section.

You can submit your completed survey by sending the PDF to the following email address: hello@qlicksmart.com.

Section 2 – R&D and Quality of Service

Just some general feedback

Finally, we're interested in your opinions about Qlicksmart and our products.

8. How did you hear about Qlicksmart and/or the CheckCLIP?

Check all that apply.

- Education Seminar (Online or In-person)
- Colleague
- Email campaign
- Online search (e.g. Google)
- Sales Representative
- Social Media
- Trade Show/Conference
- Qlicksmart Website
- Other: _____

9. Do you have any suggestions for how Qlicksmart can improve the CheckCLIP?

10. Is there anything else you wanted Qlicksmart to know? (e.g., general comments, opinions on our products, good news story, other safety risks that could be addressed with devices).

11. For prize draw only: what is your email address? (leave blank if you do NOT want to go in the draw)

You're all done!

Please submit your completed survey by sending the PDF to the following email address:
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To learn more about Qlicksmart and our other products you can visit our website at <https://www.qlicksmart.com/>

How to Use Video: CheckCLIP Medication Identification Clips

How to use CheckCLIP



<http://youtube.com/watch?v=2VBC8fQduVg>

