



EquipAfrica Charitable Trust Project Feedback Form

Initials: T.M.S.	Gender : male	Professional Role : Medical doctor
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*Please answer the following questions as best as you can in order to help us understand how we can improve our projects and our provisions.
It has been a pleasure working with you thus far.*

1. Did you use the new equipment we provided?

YES

2. Was there any equipment you were unable to use?

(Please specify whether this was because you had not been trained to use it, or if the equipment was faulty. Please also state the name of the equipment).

NONE

3. What difference has the various equipment made in terms of patient care and patient treatment?

The equipment was useful to augment those available in the hospital. More patient benefitted from the equipment and the existing one lasted longer.

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4. Have any patients or their relatives mentioned a difference in the hospital's service since the arrival and utilisation of the new equipment?

Not to my knowledge

5. Are you encouraged that the use of the equipment made a difference to your practice?
(Please briefly state how).

I am highly encouraged.

The thought behind the project is a wonderful one and a welcome difference in the healthcare delivery service.

6. Would you recommend to others or even request for any equipment to be restocked (if necessary)?
(Please specify which products in particular).

YES.

I would like to humbly request for :

- oxygen gauges
- suction machines
- Defibrillators
- Cardiac monitors
- Digital thermometers
- Blood pressure monitors

7. Have you observed a change in either your own attitude to work or the attitude of fellow colleagues since the equipment
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arrived?

(e.g. has the availability of certain items, given you a more positive outlook on the outcome of patient treatment).

Not appreciably

8. Do you plan to maintain the changes (if any) that the new equipment has created?

If so, please briefly explain your ideas on how to do so.

The equipment will continue to be used in the patients best interest as always.

9. Was there any equipment in particular that you required, but were not provided with?

Yes.

They are included in number 6 above

10. On a scale of 1 to 10 (1 being not at all, 10 being extremely likely), how likely are you to continue using the equipment provided?

(Please also state whether this will be short-term or long-term).

10, extremely likely.

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Yours faithfully,

Oriyomi Adebawale
Secretary, EquipAfrica Charitable Trust

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