



**FlexiPort™ BLOOD PRESSURE CUFF
EVALUATION FORM**

UNIT / FLOOR: _____

Please complete the following form by circling a number for each category.

1 2 3 4 5
Not Acceptable Barely Acceptable Acceptable Nice Very Nice

	FlexiPort Cuffs	NOTES
Ease of Connection to Device	1 – 2 – 3 – 4 – 5	
Cuff Sizes (Range)	1 – 2 – 3 – 4 – 5	
Perceived Comfort	1 – 2 – 3 – 4 – 5	
Perceived Accuracy	1 – 2 – 3 – 4 – 5	
Velcro Quality	1 – 2 – 3 – 4 – 5	
Durability	1 – 2 – 3 – 4 – 5	

The FlexiPort Cuffs are: Not Acceptable Acceptable

Completed by: _____

Date: ____/____/____