

Wearer name:	<input type="text"/>	Trial start date:	<input type="text"/>
Company name:	<input type="text"/>	Trial end date:	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>
Current glove used:	<input type="text"/>	Trial glove used:	<input type="text"/>
Tasks carried out:	<input type="text"/>		

How long do your current gloves last?

< 1 week	1 week	2 weeks	3 weeks	1 month
<input type="radio"/>				

How long did the gloves that you trialed last?

< 1 week	1 week	2 weeks	3 weeks	1 month
<input type="radio"/>				

YOUR OPINION

	Very poor	Poor	Adequate	Good	Excellent
Fit and comfort	<input type="radio"/>				
Grip quality	<input type="radio"/>				
Dexterity	<input type="radio"/>				
Performance	<input type="radio"/>				

Does this glove offer improvement over your previous glove choice?

Yes No

We value suggestions for improvement, do you have any for us?

This helps us innovate and meet the needs of actual wearers on the ground.