

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"/>
Trial environment:	<input type="text"/>	Sector:	<input type="text"/>
Trial product(s):	<input type="text"/>	Size:	<input type="text"/>

## YOUR OPINION

	Very poor	Poor	Adequate	Good	Excellent
Comfort	<input type="radio"/>				
Slip resistance	<input type="radio"/>				
Fit	<input type="radio"/>				
Appearance	<input type="radio"/>				
Suitability for task	<input type="radio"/>				

Does this offer improvement over your previous footwear?

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.