

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 product(s):	<input type="text"/>	Size:	<input type="text"/>
Previous product used:	<input type="text"/>		

## YOUR OPINION

	Very poor	Poor	Adequate	Good	Excellent
Comfort	<input type="radio"/>				
Sizing	<input type="radio"/>				
Durability	<input type="radio"/>				
Style	<input type="radio"/>				

Does this garment offer improvement over your previous garment?

Yes  No

How likely is it that you would recommend Safpro garments to a friend, superior or colleague on a scale of 1 to 10, 10 being very likely?

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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.