

# Evaluation Sheet for Skin Protection Products



\_\_\_\_\_  
(Name of the Skin Protection Product)

\_\_\_\_\_  
Company

\_\_\_\_\_  
(Company Stamp)

\_\_\_\_\_  
Department

Dear test participant

You have received the above-mentioned skin protection product. Please apply this product during the next \_\_\_\_\_ days before work and after every washing of the hands (e.g. after breaks). Please follow the respective application instructions.

Please answer the following questions as carefully and as completely as possible. This is the only way for us to consider your interests (requirements) when developing products.

**1.) How do you rate the spreadability of the protection product on the skin?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**2.) How do you rate the absorption of the protection product by the skin?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**3.) How do you rate the product's scent?**

☐ very good    ☐ good    ☐ moderate    ☐ less good    ☐ bad

**4.) Have you been using another skin protection product, up to now? If so, which one?**

\_\_\_\_\_

**5.) How do you rate the protective effect of test product in comparison to the product used before?**

☐ much better    ☐ better    ☐ equal    ☐ less good    ☐ worse

**6.) If you had to choose between your former product and the test product, which one would you choose?**

☐ former product    ☐ test product    ☐ I don't care

**7.) Which working substances (drilling emulsions, solvents, etc.) has your skin been confronted with during the test period?**

\_\_\_\_\_

**8.) In your opinion, which changes of the test product are necessary?**

\_\_\_\_\_

**9.) Personal Data:**

☐ male    ☐ female    age: \_\_\_\_\_

**I have**

☐ no skin problem    ☐ the following skin problem (e.g. allergy against...)

\_\_\_\_\_

\_\_\_\_\_  
Finish Date of the Test Period

