

New Tool Brief Survey

Do you like using the new tool/method ? Y or N

What area(s) of body felt better/less discomfort using this tool/method?

Did any area(s) feel worse/more discomfort? Y or N if yes, where

Is this as effective or more effective as previous tool/method to get the job done? Y or N if yes, as or more effective?

How many days did you use this tool/method?

Would you prefer to use this tool/method if it was provided? Y or N

How do you store and transport this tool?

Additional comments: