

Product Evaluation Form

3M™ Cavilon™ Moisturizing Hand Lotion

Name of Evaluator	Title	Phone Number	Date
Health Care Facility Name			Department
Sales Representative			

Do you currently use a hand moisturizer?

Yes No If so, which brand? _____

Compared to your usual hand moisturizer –	Better Than	Equal To	Worse Than	Not applicable
How effective is Cavilon Moisturizing Hand Lotion at moisturizing dry skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the ability of Cavilon Moisturizing Hand Lotion to improve skin condition & appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the ease of application of Cavilon Moisturizing Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the texture of Cavilon Moisturizing Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the scent of Cavilon Moisturizing Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the overall performance of Cavilon Moisturizing Hand Lotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Important	Somewhat Important	Not Important	Not applicable
How important is CHG compatibility in a hand moisturizer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments _____

Would you recommend your facility purchase Cavilon Moisturizing Hand Lotion?

Definitely Probably No If no, please explain: _____

Please complete and return this evaluation form to your 3M Critical & Chronic Care Solutions Representative.



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