

QUESTIONNAIRE



Date:

HIRSCH-responsible:

CUSTOMER DATES:

NAME:

ADDRESS/TELEPHONE:

BEGINNING OF WEAR: END OF WEARING:

QUESTIONS:

Please, fill in the following:

- ⇒ You wear your watch: daily Yes No/how often?.....
at day Yes No
at night Yes No
when washing hands Yes No
when taking a bath/shower Yes No
when exercising sports Yes No

If yes, which kind of sports do you practise:

⇒ You wear your watch on the wrist:

- Strong Normal Loose

⇒ Was there a noticeable change (stretching, shrinking, folds etc.) on the bracelet?

- No Yes/which one?

⇒ Do you have irritated skin or vesicles on the wrist (signs of allergy)?

- No A little bit intense

If there are irritations or vesicles on which part of the wrist are they found?

- area of the watch area of the buckle area of the bracelet

⇒ Was there any coloration during the wearing time?

- No Yes / on the skin On the clothing

⇒ When did you realise the first changes on the bracelet / on the buckle?

.....

Have you noticed any other changes?

- No Yes / which?

⇒ Are you allergic, under medical treatment, owner of a allergy passport?

- No Yes / which substances release the allergy?

.....

Date:

Signature: