



**2XU COMPRESSION
- ATHLETE FEEDBACK FORM -**

Date: _____
Athlete Name: _____
Sport/Discipline: _____
Team: _____
Grade/Level: _____
Position Played: _____
Garment (tights/shorts/tops): _____

Please circle the most accurate answer:

1) How did you find the 2XU compression fit *compared* to other compression brands you've tried?

EXCELLENT

(very tight with best pressure I've experienced)

ABOVE AVERAGE

(felt compressive and you could feel quality of 2XU fabric)

AVERAGE

(same as other brands)

BELOW AVERAGE

(didn't offer the same support and compression of other brands)

2) How did you find the comfort of the 2XU garment?

VERY COMFORTABLE

(great to wear and couldn't feel any seams anywhere)

COMFORTABLE

(good to train in)

AVERAGE

(same as other brands)

BELOW AVERAGE

(waistband too tight and could feel seams)

3) Did you experience any problems whilst wearing the garment?

4) Can you make any suggestions as to how we could improve the garment?

5) Would you recommend our product to other athletes? YES NO

Thank you so much for completing this 2XU Compression feedback form. Best of luck with your training and upcoming competitions!

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