Annex F Ergonomic Duty Belt User Trial Questionnaire Using the scale provided, please indicate your rating with an X.

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Participant ID #:		Completely		Barely	Borderline	Barely	Reasonably	Completely
Belt ID:		Unacceptable	Unacceptable	Unacceptable		Acceptable	Acceptable	Acceptable
Category	Explanatory Statement	1	2	3	4	5	6	7
Comfort			-			-	-	
Overall satisfaction in fit	Belt sizing, as indicated by guide							
Overall comfort	Presence or absence of areas of high pressure, pinching, and chafing							
Comfort during low impact upright motion	Standing, walking							
Comfort during high impact upright motion	Jogging, running							
Security of the belt during motion	Shifting or movement of belt during wear							
Adjustment								
Adjusting belt fit	Loosening or tightening fit							
Donning	Putting on belt							
Doffing	Taking off belt							
Functionality of buckle	Doing and undoing the buckle							
Security of the buckle	Components of buckle remain closed/locked during wear							
Compatibility – Pouches and Equipment								
Pouch arrangement	Ease of arranging pouches and equipment							
Security of pouches and equipment	Movement during wear							
Compatibility of drawing and holstering intervention options	Drawing and holstering CEW, pistol.							
The belts ability to withstand deformation when pouches and	Twisting or sagging							
equipment are added								
Compatibility – Environment								
Comfort sitting in patrol vehicle								
Comfort sitting in office chair								

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