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| --- | --- | --- | --- | --- | --- |
| Your Name |  | | | | |
| Order Number |  | | | | |
| Address |  | | | | |
| Post Code |  | | | Phone |  |
| Email |  | | | | |
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|  | | |
| **Please give feedback on the Teatle.** | | | | | |
| How old is your baby? | |  | | | |
| Have you ever had any difficulties when feeding your baby with other bottles? If yes, please briefly describe the problem | |  | | | |
| Are you breastfeeding your baby? (If not but you have done in the past, please tell how many months you breastfed) | |  | | | |
| What do you **like** about the design of the Teatle? | |  | | | |
| What do you **dislike** about the design of the Teatle? | |  | | | |
| How satisfied are you with the ease of use and functionality of the Teatle? | |  | | | |
| How would you rate the comfort and ergonomics of the Teatle for both you and your baby? | |  | | | |

|  |  |
| --- | --- |
| Can you identify any areas where you feel the product could be improved or where you faced challenges during its use? |  |
| What are your thoughts on the durability and sturdiness of the Teatle? |  |
| Have you noticed any issues with leaking or spillage while using our product? |  |
| Overall, would you recommend The Teatle to other parents based on your experience? |  |

By retuning your feedback, you agree to allow us to keep it only for research purposes.

Without your explicit consent, this feedback form together with the video, will not be used on our website, social media or any other marketing channels. We will keep this information confidential, and all data will be made anonymous.

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| Do you consent your feedback to be used for marketing purposes? |  |