

Product Usability Feedback Form

This form is designed to collect feedback regarding your experience with our product. Please fill out the sections below. This document is formatted for printing and manual completion.

1. General Information

Full Name:

Email Address:

Product Name / Model Number:

How long have you been using this product? (e.g., 2 weeks, 6 months):

2. Product Usability & Setup

How easy was the initial setup process? (Describe your experience):

Is the user interface or physical design intuitive? (Yes / No / Comments):

Did you need to consult the user manual or support? (If yes, why?):

3. Features and Functionality

Which features do you use most frequently?:

Are there any features that are difficult to use or understand?:

What features do you feel are missing from this product?:

4. Overall Satisfaction

On a scale of 1 to 10, how would you rate the overall usability?:

Would you recommend this product to a friend or colleague? (Yes / No):

Additional comments, feedback, or suggestions for improvement: