



FEEDBACK FORM

BACKTPACK™ is a new product and we want it to meet your needs. Your comments are appreciated in helping us to improve.

Name _____ Age _____

Address _____

1. Did you have back or shoulder pain wearing a conventional backpack?
_____ Back _____ Shoulder
2. Do you have pain associated with wearing the **BACKTPACK™**?
Yes _____ No _____ If so, where?
3. Have you noticed a change in the way you stand and walk while wearing the **BACKTPACK™**?
4. What features are important to you in the **BACKTPACK™**?
5. Was the construction of the **BACKTPACK™** adequate for your use?
6. What improvements would you suggest?
7. Who else do you think would benefit from using the **BACKTPACK™**?
8. Any other comments/suggestions:

Please mail to:
BACKTPACK™
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