

**\*\*ZQuill Sleep Aid Feedback Template\*\***  
**\*\*Name:\*\*** [Your Name]  
**\*\*Date of Use:\*\*** [Date]  
**\*\*Dosage Taken:\*\*** [Dosage]  
**\*\*Overall Experience:\*\***  
- [Rate from 1 to 5]  
- [Brief description of your overall experience]  
**\*\*Sleep Quality:\*\***  
- [Rate sleep quality from 1 to 5]  
- [Comments on how well you slept]  
**\*\*Onset Time:\*\***  
- [How long it took to fall asleep]  
- [Comments on effectiveness of onset]  
**\*\*Side Effects:\*\***  
- [List any side effects experienced]  
- [Rate severity of side effects from 1 to 5]  
**\*\*Duration of Sleep:\*\***  
- [Total hours slept]  
- [Comments on sleep duration]  
**\*\*Next Steps:\*\***  
- [Would you use it again? Yes/No]  
- [Would you recommend it to others? Yes/No]  
**\*\*Additional Comments:\*\***  
- [Any further thoughts or suggestions]