

The Natural Mineral Water, Spring Water and Bottled Drinking Water (Scotland) Amendment Regulations 2015  
 Consultation Feedback Questionnaire

We would be interested in what you thought of this consultation package. We would be grateful if you could spend a few minutes to complete the following questionnaire and return it even if you do not intend to respond to the consultation itself. Please return the questionnaire no later than **16 October 2015** to:

**Stewart Herd**  
**Regulatory Policy Branch**  
**Food Standards Scotland**  
**Pilgrim House**  
**Old Ford Road**  
**Aberdeen, AB11 5RL**  
**Tel: 01224 285154**  
**Fax: 01224 285168**  
**Or by email to: Stewart.Herd@fss.scot**

1. How did you become aware of this consultation exercise?

- Our consultation list included your/your organisation's name..... [ ]
- Other publication (please specify title)..... [ ]
- Other means (please specify)..... [ ]

2. If you / your organisation are / is not responding to the consultation, is it because:

- You are not working on this subject area.....[ ]
- The consultation topic is not relevant to you..... [ ]
- You do not have the time / resources to reply..... [ ]
- Other reason (please specify) ..... [ ]

3. Do you feel you were given enough time to respond to the issues / proposals in the consultation?

- YES [ ]
- NO [ ]

4. Were the issues / proposals clearly set out and easy to understand?

- YES [ ]
- NO [ ]

5. Do you have any suggestions on how the consultation package could have been improved?

**ANNEX F**

6. Do you have any other comments about this consultation exercise? (Please continue overleaf if required)

7. If you received this consultation direct, were the contact and address details correct? If not please kindly provide the correct contact details for us to use in the future.

8. Do you still wish to remain on our consultation list?

YES [ ]

NO [ ]

9. Are there any other subject areas on which you would be interested in receiving future consultations?

<p><b>Name:</b>.....</p> <p><b>Organisation:</b>.....</p> <p>.....</p> <p>.....</p> <p><b>Date:</b>.....</p>
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**THANK YOU FOR TAKING THE TIME TO COMPLETE AND RETURN THIS  
FEEDBACK QUESTIONNAIRE**