

Market Research Survey Questionnaire

Personal Information

Name:

Email:

Age:

Gender:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

1. How often do you purchase our product/service?

- ☐ Weekly
- ☐ Monthly
- ☐ Few times a year
- ☐ Never

2. How did you first hear about us?

- ☐ Social Media
- ☐ Television
- ☐ Friend/Family
- ☐ Web Search
- ☐ Other

3. What do you value most about our product/service?

4. How likely are you to recommend our product/service to others?

- ☐ Very Likely
- ☐ Likely

- ☐ Neutral
- ☐ Unlikely
- ☐ Very Unlikely

5. Comments or suggestions: