**Market Research Survey Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Survey Title:** |  | **Date:** |  |
| **Respondent Name (Optional):** | |  | |

**Section 1: General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Age Group: | ☐ Under 18 | ☐ 18–24 | ☐ 25–34 |
| ☐ 35–44 | ☐ 45–54 | ☐ 55+ |
| Gender: | ☐ Male | ☐ Female | ☐ Non-binary/Other |
| ☐ Prefer not to say |  |  |
| Location (City/State): |  | | |

**Section 2: Product Awareness**

|  |  |  |  |
| --- | --- | --- | --- |
| How did you first hear about our product/service? | ☐ Social Media | ☐ Website/Search Engine | ☐ Word of Mouth |
| ☐ Advertisement (TV/Print/Online) | ☐ Other: |  |
| Have you used our product/service before? | | ☐ Yes | ☐ No |

**Section 3: Customer Preferences**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What factors influence your purchase decision the most? | ☐ Price | | ☐ Quality | ☐ Brand Reputation |
| ☐ Recommendations/Reviews | | | ☐ Availability |
| How often do you purchase products/services in this category? | | ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Rarely | | |

**Section 4: Satisfaction & Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| How satisfied are you with our product/service? | | Scale: 1 (Very Unsatisfied) – 5 (Very Satisfied) | ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 |
| What improvements would you like to see? |  | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Would you recommend our product/service to others? | ☐ Yes | ☐ No |

**Section 5: Closing**

Thank you for participating in this survey. Your feedback will help us improve our products and services.