
Sample Survey Form

Date: _____

Participant Name: _____

1. Age:

- _____

2. Gender:

- Male
- Female
- Prefer not to say

3. Occupation:

- _____

4. How satisfied were you with our services?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

5. What did you like most about our service?

- _____

6. What can we improve?

- _____

7. Would you recommend our services to others?

- Yes
- No

8. Additional comments:

- _____

Thank you