

Survey Form Online

1. Participant ID: _____
2. Date: _____
3. Email: _____

Experience Feedback:

- Q1. Rate your online experience:
 - 1 2 3 4 5 (1=Lowest, 5=Highest)
- Q2. Would you recommend our online platform?
 - Yes
 - No

Table for Feature Feedback:

Feature	Importance (1-5)	Satisfaction (1-5)	Comments
Navigation			
Content Quality			
Speed			
Customer Support			
Overall			

Final Thoughts:

- _____
