**Survey Questionnaire Form Online**

horizontal line

**Welcome Section**

Thank you for participating in our online survey. Your feedback is essential for our continuous improvement.

**Demographic Information**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Age: \_\_\_\_\_\_\_
* Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Survey Questions**

* **How often do you use our online platform?**
  + Daily □
  + Weekly □
  + Monthly □
  + Rarely □
* Please rate your satisfaction with the following features of our online platform:

| **Feature** | **Very Satisfied** | **Satisfied** | **Neutral** | **Unsatisfied** | **Very Unsatisfied** |
| --- | --- | --- | --- | --- | --- |
| Ease of Use | □ | □ | □ | □ | □ |
| Content Quality | □ | □ | □ | □ | □ |
| Interactive Elements | □ | □ | □ | □ | □ |
| Customer Support | □ | □ | □ | □ | □ |

* **What improvements would you like to see?**

**Final Thoughts**

* **Any additional comments:**

**Thank You**

We appreciate your time and feedback.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_