**Survey Questionnaire Form PDF**

**Participant Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_ Gender: □ Male □ Female □ Prefer not to say**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Questions**

* **What is your field of study?**
* **How do you rate your overall satisfaction with our program?**
	+ Very Satisfied □
	+ Satisfied □
	+ Neutral □
	+ Unsatisfied □
	+ Very Unsatisfied □
* **What resources do you use the most? (Please tick all that apply)**
	+ Textbooks □
	+ Online Articles □
	+ Video Lectures □
	+ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Please list any suggestions for improvement:**

**Feedback on Course Material**

* Please rate the following aspects of the course material on a scale from 1 (Poor) to 5 (Excellent).

| **Aspect** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **Clarity** | □ | □ | □ | □ | □ |
| **Relevance** | □ | □ | □ | □ | □ |
| **Accessibility** | □ | □ | □ | □ | □ |
| **Variety** | □ | □ | □ | □ | □ |
| **Depth of Information** | □ | □ | □ | □ | □ |

**Signature**

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