
Questionnaire Template Free

Respondent Information

- Name: _____
- Age: _____
- Gender: _____
- Date: _____

General Questions

1. How often do you use the product/service this survey is about?
 - Daily
 - Weekly
 - Monthly
 - Rarely
2. How satisfied are you with the overall quality of the product/service?
 - Very Satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
3. How likely are you to recommend this product/service to others?
 - Very Likely
 - Likely
 - Neutral
 - Unlikely
4. What changes would improve your experience with this product/service?
 - _____
 - _____

Additional Feedback

- _____
- _____
