horizontal line

**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**