Questionnaire Form for Research Paper

Research Title: _____

Researcher's Name: _____

Institution: _____

Date: _____

Participant Information

- **Full Name:** _____
- **Age:** _____
- **Gender:** _____
- **Educational Level:** _____

Survey Questions

1. **How familiar are you with the topic of this research?**
   - ☐ **Very Familiar**
   - ☐ **Somewhat Familiar**
   - ☐ **Not Familiar**

2. **Do you believe the issue presented in this research is relevant?**
   - ☐ **Yes**
   - ☐ **No**
   - ☐ **Unsure**

3. **Have you ever been personally affected by the issue discussed in this research?**
   - ☐ **Yes**
   - ☐ **No**
   - ☐ **Prefer not to say**

4. **On a scale of 1-5, how impactful do you think this research could be in solving the problem?**
   - **1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐**

Additional Comments

- _____

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