

Free Market Survey Form

This free form is designed to collect data on consumer habits and preferences.

Contact Information

- Full Name: _____
- Email Address: _____

Survey Questions

1. What is your age group?

- 18-24
- 25-34
- 35-44
- 45+

2. What is your preferred shopping platform?

- Online Stores
- Physical Retail Stores
- Marketplaces (e.g., Amazon)
- Local Businesses

3. How often do you buy new products in the following categories? (Check frequency per category)

Product Category	Weekly	Monthly	Occasionally	Never
Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apparel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. What factors influence your decision to buy a product?

- Price**
- Brand Reputation**
- Recommendations**
- Availability**

Feedback and Suggestions

- **Share any ideas or suggestions for product improvement:**