**Market Survey Form PDF**

**Please complete this survey to provide valuable insights about your product preferences and shopping behavior.**

**Basic Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age Group:
☐ 18-25
☐ 26-35
☐ 36-50
☐ 51+**

**Shopping Preferences**

1. **How frequently do you shop online?
☐ Daily
☐ Weekly
☐ Monthly
☐ Rarely**
2. **Which type of products do you purchase most often?
☐ Electronics
☐ Clothing
☐ Groceries
☐ Household Items**
3. **Where do you research products before buying?
☐ Social Media
☐ Reviews Websites
☐ Word of Mouth
☐ Retail Stores**

**Feedback on Shopping Experience**

* **Rate the importance of these factors when choosing products (1-5 scale):**
	+ **Quality: \_\_\_\_\_\_\_\_\_\_**
	+ **Price: \_\_\_\_\_\_\_\_\_\_**
	+ **Brand: \_\_\_\_\_\_\_\_\_\_**
	+ **Customer Reviews: \_\_\_\_\_\_\_\_\_\_**

**Suggestions and Additional Comments**

* **What improvements would you like to see in online shopping?**