**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?**