

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?**
