# New Product Survey Questionnaire Example

**[The Write Touch Product Survey]**

1. How did you first hear about our product?
   1. In-store display
   2. Television or radio ad
   3. Internet
   4. Recommended by a friend
   5. Other
   6. Cannot remember
2. How often do you buy writing instruments?
   1. Once a week
   2. Two or more times per month
   3. Quarterly
   4. Semi-annually
   5. Annually
3. Where do you normally purchase office supplies such as these? Check all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| Department store |  | Office supply store |  |
| Drug store |  | Dollar store |  |
| Online retailer |  | Mail order catalog |  |

1. When compared to other ink pens on the market, what do you think of the quality of this one?
   1. Much higher than others
   2. About the same
   3. Somewhat lower
   4. Much lower
2. How likely are you to recommend this ink pen to friends and family members?
   1. Very likely
   2. Somewhat likely
   3. Not at all likely
   4. Unsure
3. How likely are you to purchase this pen over another one the next time you buy writing instruments?
   1. Definitely will purchase
   2. Likely to purchase
   3. May or may not buy
   4. Not likely to purchase
   5. Definitely will not purchase

When it comes to purchasing writing instruments, which of the following criteria are the most important to you? Please rate each one on a scale of 1 through 5, with 5 being very important and 1 being not at all important.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Price: | 1 | 2 | 3 | 4 | 5 | Design: | 1 | 2 | 3 | 4 | 5 |
| Ease of writing: | 1 | 2 | 3 | 4 | 5 | Packaging: | 1 | 2 | 3 | 4 | 5 |
| Available Color choices | 1 | 2 | 3 | 4 | 5 |

|  |  |  |
| --- | --- | --- |
| Are you responsible for buying office supplies for a business? | Yes | No |
| If so, how many users are in your group? |  | |

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