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| **Market Research Survey Questionnaire** | |  | | | | |
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| |  | | --- | |  | | | | | | | | |
|  | | 1. What is your overall satisfaction rating with our company?   |  | | --- | | 5 - Very Satisfied | | 4 - Somewhat Satisfied | | 3 - Neither Satisfied Nor Dissatisfied | | 2 - Somewhat Dissatisfied | | 1 - Very Dissatisfied | | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 2. Please tell us why you feel that way. | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 3. How likely are you to recommend our product to a friend or colleague?   |  | | --- | | 5 - Very Likely | | 4 - Somewhat Likely | | 3 - Neither Likely Nor Unlikely | | 2 - Somewhat Unlikely | | 1 - Very Unlikely | | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 4. Please tell us why you feel that way | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | 5. Please rate your level of satisfaction with your sales representative in the following areas.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 5 - Very Satisfied | 4 - Somewhat Satisfied | 3 - Neither Satisfied Nor Dissatisfied | 2 - Somewhat Dissatisfied | 1 - Very Dissatisfied | | Responsiveness |  |  |  |  |  | | Professionalism |  |  |  |  |  | | Understanding of my needs |  |  |  |  |  | | | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 6. If you have any additional comments about how we can improve your satisfaction with our products and services, please fill them in here | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 7. May we contact you about any of your responses?   |  |  | | --- | --- | | Yes | No | | | | | |  |
| |  | | --- | |  | | | | | | | | |
| |  | | --- | |  | | | | | | | | |
|  | | 8. Contact Information, if applicable: | | | | |  |
| 9. How long have you used our product? | | | |  | |
| |  | | --- | |  | | | | | | | |
| |  | | --- | |  | | | | | | | |
|  | | | | 10. How frequently do you use our product? | |  |
| |  | | --- | |  | | | | | | | |
| |  | | --- | |  | | | | | | | |
|  | | | | 11. What is your gender? | |  |
| |  | | --- | |  | | | | | | | |
| |  | | --- | |  | | | | | | | |
|  | | | | 12. Which category describes your age? | |  |
| |  | | --- | |  | | | | | | | |
| |  | | --- | |  | | | | | | | |
|  | | | | 13. What is your employment status? | |  |
| 14. How many people are employed by your company or organization, including all sites? | | |  | |
| |  | | --- | |  | | | | | | |
| |  | | --- | |  | | | | | | |
|  | | | 15. Which of the following best describes your industry? | |  |
| |  | | --- | |  | | | | | | |
| |  | | --- | |  | | | | | | |
|  | | | 16. Which of the following best describes the functional area in which you work? | |  |