

Customer Satisfaction Survey

This document contains respondents between 1 and 30 inclusive.

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

Definitely the best product out of competition

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Paul Smith

Telephone Number

941-556-4493

E-mail Address

paul.smith@domain.us

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

magazine ad

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

only if they have tight budget

Please enter any additional comments or ideas you would like to share with us.

Great price but would be nice if quality is improved

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

Please provide your contact information.
All fields are optional.

Name

Tiffany Young

Telephone Number

701-654-0011

E-mail Address

.....

.....

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

didn't actually need their help

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

met my requirements exactly

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

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Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Michael Raley

Telephone Number

212-439-5050

E-mail Address

.....
.....

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

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.....

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	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
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After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

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Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

Please provide your contact information.
All fields are optional.

Name

Fernando

Telephone Number

365 458 2348

E-mail Address

fmart_256@aol.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

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Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

I would give positive feedback

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

relatives

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

Please provide your contact information.

All fields are optional.

Name

karen

Telephone Number

franke

E-mail Address

karen@yahoo.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

I would like Sales Persons to give me more time to think over my purchase

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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After-sale support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

I am not satisfied with the product

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Jake

Telephone Number

254 764 5345

E-mail Address

jake@hotmail.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

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Your gender is:

- Male
- Female
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Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

John Lunaire

Telephone Number

.....
.....

E-mail Address

.....
.....

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
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[area 1]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

Your product is really great. Thanks!

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
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Please select your age.

- 13 years or younger
- 13-21 years
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- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
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- [benefit 3]
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- [benefit 5]

Other

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[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

The Customer Support operator was very helpful. Thanks for providing such a perfect service.

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

Your gender is:

- Male
- Female
- I prefer not to tell

**Please provide your contact information.
All fields are optional.**

Name

ffff

Telephone Number

.....
.....

E-mail Address

.....
.....

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

The product was good, nothing special was expected so I am satisfied.

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

I would expect more detailed information from them

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

I would not do it unless asked

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

Only if someone gets interested

Please enter any additional comments or ideas you would like to share with us.

Plastic package for the product would be better than paper one.

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

Please provide your contact information.
All fields are optional.

Name

Karin

Telephone Number

1 (234) 56 777 88

E-mail Address

Karin@email.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Elizabeth

Telephone Number

235-678-5671

E-mail Address

barringer@penn.edu

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

ed

Telephone Number

453-482-3687

E-mail Address

br456@yahoo.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Jane Karpenter

Telephone Number

+1 212 365 7453

E-mail Address

jane@mailinator.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

You are just great!!!!

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Sindy

Telephone Number

256 365 2563

E-mail Address

shofard@yahoo.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Sam Neil

Telephone Number

+436646155111

E-mail Address

samn@gala.net

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

bought online

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

generous discount

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[area 2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

.....
.....

Telephone Number

.....
.....

E-mail Address

apprentice2005@mail.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

not intuitivec in use as for me

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Jennyfer McLaren

Telephone Number

574.201.4173

E-mail Address

mclaren@company.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

4 year guarantee

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....
.....

Please enter any additional comments or ideas you would like to share with us.

It's just perfect!!

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

John Keynes

Telephone Number

201-880-2222

E-mail Address

keynes@domain.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

[benefit 10]

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

The product is great

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....

.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

Please provide your contact information.
All fields are optional.

Name

Jennifer Yan

Telephone Number

280-345-270

E-mail Address

jen.yan@b2b.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

very flexible and responsive customer support

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Jake Mancini

Telephone Number

990 895 7896

E-mail Address

jake@yahoo.com

How did you first learn about our [Product/Service]?

- TV
- Newspaper
- Radio
- Internet
- From a friend/relative

Other

.....
.....

Please select the store where you purchased the [Product/Service].

- Store 1
- Store 2
- Store 3
- N/A

Were our sales people helpful enough?

- Yes
- No

Other

.....
.....

Please select the main [Product/Service] benefits that influenced you purchase decision.

- [benefit 1]
- [benefit 2]
- [benefit 3]
- [benefit 4]
- [benefit 5]

Other

.....
.....

Please indicate your level of satisfaction with the [Product/Service] in the following areas:

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied
Value for the price	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
After-sale support	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 1]	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[area 2]	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you feel about our [Product/Service] in general?

- Satisfied
- Neutral
- Not satisfied

Would you recommend the [Company] and its [Product/Service] to your friend, relative or colleague?

- Yes
- No

Other

.....

.....

Please enter any additional comments or ideas you would like to share with us.

more attentive after-sale support would be much appreciated

Would you like our customer care group to contact you personally?

- Yes
- No

What is your ethnic or cultural background?

- European
- Latino
- African-American
- Asian
- Native American
- I prefer not to tell

Other

.....
.....

Your gender is:

- Male
- Female
- I prefer not to tell

Please select your age.

- 13 years or younger
- 13-21 years
- 21-25 years
- 25-35 years
- 35-50 years
- 50-65 years
- 65 years or older

**Please provide your contact information.
All fields are optional.**

Name

Antonio Herrera

Telephone Number

897 5678 4500

E-mail Address

antonio@yahoo.com