| **Product Name:**  **Date:**  **Version:** |
| --- |

*Your feedback is much appreciated and this survey will take approx 15 mins to complete.*

1. **What was your first reaction to the product?**

|  | VERY NEGATIVE |  | SOMEWHAT NEGATIVE |  | NEUTRAL |  | SOMEWHAT POSITIVE |  | VERY POSITIVE |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **How would you rate the quality of the product?**

|  | VERY LOW |  | LOW |  | NEITHER HIGH NOR LOW QUALITY |  | HIGH QUALITY |  | VERY HIGH QUALITY |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **Which features interest you the most?**

|  |
| --- |

1. **Which features interest you the least?**

|  |
| --- |

1. **What is the biggest challenge or pain point of using our product at the moment?**

|  |
| --- |

1. **How innovative is the product?**

|  | NOT AT ALL |  | NOT MUCH |  | SOMEWHAT |  | VERY |  | EXTREMELY |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **When you think about the product, do you see it as something you need or don’t need?**

|  | DEFINITELY NOT |  | PROBABLY NOT |  | NEUTRAL |  | PROBABLY NEED |  | DEFINITELY NEED |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **How would your rate the product’s value for money?**

|  | POOR |  | BELOW AVERAGE |  | AVERAGE |  | ABOVE AVERAGE |  | EXCELLENT |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **If the product were available today, how likely would you be to buy it?**

|  | NOT LIKELY AT ALL |  | NOT SO LIKELY |  | NEUTRAL |  | SOMEWHAT LIKELY |  | VERY LIKELY |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **How much would you pay for it?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How likely are you to replace your current product with this one?**

|  | NOT LIKELY AT ALL |  | SOMEWHAT LIKELY |  | NOT APPLICABLE |  | SOMEWHAT LIKELY |  | VERY LIKELY |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

1. **Would you recommend this product to family, friends, or colleagues?**

|  | **YES** |  | **MAYBE** |  | **NO** |
| --- | --- | --- | --- | --- | --- |

1. **What would you improve the most about the product?**

|  |
| --- |

1. **Which problems are you currently trying to solve by using our product?**

|  |
| --- |

1. **Which other solutions have you tried?**

|  |
| --- |

***Your feedback has been noted. Thank you for your time!***