| **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!***