

Market Research Survey Template

Demographic Questions

Where do you live?

- KwaZulu-Natal
- Western Cape
- Eastern Cape
- Northern Cape
- North West

- Gauteng
- Limpopo
- Mpumalanga
- Free State

How old are you?

What is your sex?

- Male
- Female
- Prefer not to say
- Other (Please specify)

What's your employment status?

- Full-time employed
- Part-time employed
- Self-employed

- Unemployed
- Student
- Retired

How would you best describe yourself?

- African
- Coloured
- Indian
- White

- Asian
- Other (please specify)

Product Questions

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How do you p	refer to	shop?
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- Online
- Offline
- Both

When you think about	(add product or service)
how would vou describe vour need for it?	

- Definitely need it
- Probably don't need but would like to have
- Need it sometimes
- Definitely don't need

What problem does the above product or service help you solve?

Below is a list of features that are part of the product or service. How important is each feature to you?

*required field for the business owner to fill in (1 – Not important, 2 – Slightly important, 3 – Moderately important, 4 – Important 5 – Very important)

Add features below	1	2	3	4	5

What do you like most about	(add product or service)		
What do you like least about	(add product or service)		
What is the deciding factor when choosing which brand to buy?			

Competitor Questions



When you think of which brands or cor	(add product, service or industry) mpanies come to mind?				
What brand name d	o you cu	ırrently u	se for	·	
			(add produc	ct or service)	
What do they do we	ell?				
What could they im	prove or	1?			
How would you rate the quality of their product? On a scale of 1-5, with 1 being very low and 5 being very high					
Diagon coloct your anguer	1	2	3	4	5
Please select your answer					
How loyal are you to this brand? On a scale of 1-5, with 1 being very low and 5 being very high					
	1	2	3	4	5
Please select your answer					



Pricing Questions

How often do you buy ? (add product or service) Once a week At least 2-3 times a week Once a month At least 2-3 times a month Once a year or less At least 2-3 times a year Never When was the last time you used ? (add product or service) In the past 24 hours In the past week In the past month In the past year More than a year ago Never How much value does this product bring to your life? On a scale of 1-5, with 1 being very low and 5 being very high 2 3 4 5 Please select your answer How much would you consider paying for this product? Would you be interested in buying this new (add product or service) if it fits into your budget and works as well as what

Thank you for participating in this survey.

No

Your feedback is everything!

you're currently using?



Yes