

[Your Company/Project Name]

User Feedback/Research Questionnaire

Thank you for participating in this questionnaire. Your feedback is invaluable to us. Please take a few minutes to complete the following questions.

Personal Details

Note: All personal details are optional and will remain confidential.

1. Full Name: _____
 2. Age: _____
 3. Gender:
 - Male
 - Female
 - Other: _____
 - Prefer not to say
 4. Location: _____
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Usage and Experience

How did you hear about [Product/Service Name]?

- Social Media
- Referral
- Web Search
- Other: _____

How often do you use [Product/Service Name]?

- Daily
- Weekly
- Monthly
- Rarely
- This is my first time