



Sample Market Research Questionnaires

Quick Photo Survey

The first questionnaire is designed to be a customer survey and was conducted over a 7-day period to include all of their customers. Day, evening, midweek and weekend customers.

In order for us to better serve our customers we hope you will tell us what you think of us. Please take a few minutes to answer the following questions while waiting for your photos to be printed. Your honest opinions, suggestions and comments are extremely important and we thank you for helping us to improve our service.

1. Do you live or work in the area (circle al	l that apply)
2. Why do you use us? (Please tick all that Close to home Close to work Convenience Service	apply)
3. How did you first hear about us? (Please NewspaperFlyer/Offer couponPassing by	e tick one) Recommendation Other
4. How frequently do you have your film p times per month per year	rocessed? (an estimate is fine)
5. What, in your opinion, would improve y	our experience with us?
6. Our opening hours are currently from 8 9am–6pm. What changes in our opening t	
7. Your age (tick one)	
under 25	<u>40-59</u>
□ 26-39	over 60
8. Other comments:	





Public Storage Questionnaire

This survey was done by a businessman interested in opening public storage buildings. Before he committed any time and money to the project, he sent a questionnaire to consumers within a 15 mile radius of the proposed site.

1.	ou presently renting any public storage space?			
	a.	☐ Yes ☐ Noi. If no then go to question 2ii. If yes, then continue with 1a.		
b. Where are you currently renting storage space (name and		Where are you currently renting storage space (name and address)		
c. How many times a month do you visit your storage space?				
d. Is you storage space heated?		Is you storage space heated?		
i. 🗌 Yes 🗎 No		i. 🗌 Yes 🗌 No		
	e.	Approximately how much space are you renting? square feet		
f. Do you think you'll need additional space in the future?		Do you think you'll need additional space in the future? Yes No		
	g.	Are there any changes or improvements you would like to see in your		
present storage space arrangement? If yes, what would you like to				
		i		
2. Are you planning on using any public storage space? Yes No				
	h. If you are planning to rent public storage space or may rent such space, ho far of a distance are you willing to travel to use your space? miles			
• • • • • • • • • • • • • • • • • • • •		Approximately what size storage space would you need?square feet		
		How much monthly rent would you be willing to pay? £per square		
		foot/month		
	k.	Would you require heat for your space?		
		☐ Name:		
		☐ Title:		
		☐ Address:		

Thank you very much for your co-operation.

South Western Jewellery Questionnaire

This questionnaire was developed by a woman who was interested in selling south western jewellery made by native Indians.

1.	Have you ever purchased or received south western jewellery?			
	a. 🗌 Yes 🔲 No			
2.	Have you ever purchased or received south western jewellery made by native Indians?			
	 b. Yes No c. If yes, what type of jewellery? i. Necklace ii. Ring iii. Bracelet iv. Earrings v. Other 			
3.	Would you be interested in purchasing the above mentioned jewellery made by native Indians?			
	d. 🗌 Yes 🔲 No			
4.	Do you know where to shop for such jewellery?			
	e. 🗌 Yes 🔲 No			
5.	When buying jewellery, what do you value the most? On a scale of 1 through 5, list in order according to your preference. One represents your most valued choice.			
	f.			

Fitness Centre Questionnaire

This last questionnaire was developed by a woman who wanted to open a fitness centre and offer one-on-one training.

1.	Do you exercise? Yes No				
lf r	no, please answer questions to Part A				
lf y	ves, please answer questions to Part B				
-	Please tick reasons for not exercising:				
	Lack of time	☐ No convenie	nt fitness centres		
	Lack of motivation	 ☐ Medical reas	ons		
	 ☐ Cost				
В.	Tick the type of exercise you do:				
	☐ Aerobic	☐ Running			
	□ Nautilus	☐ Swimming			
	☐ Free weights				
	☐ Other,				
	please specify				
C.	Tick your age group:				
	☐ under 25				
	☐ 26-35				
	over 35				
D.	Where do you normally exercise?				
	☐ at home				
	☐ fitness centre				
E.	How far do you live from (town of proposed centre)?				
	in town				
	☐ 10–15 miles				
	out of town				
F.	. Do you think your town needs a fitness centre? 🗌 Yes 🔲 No				
G.	i. Would you be interested in one-on-one training? 🗌 Yes 🔲 No				
Н.	H. Please note any other suggestions or comments you might have.				