

New Product Concept Survey

Please read the following description of a new product/concept in order to complete the survey.

Concept Description: *[ENTER CONCEPT DESCRIPTION]*

Q1. Overall I am very receptive to the above product concept

Strongly disagree Disagree Neither Agree Strongly Agree

Q2. What do you like the most about the product?

Q3. What could we do to improve this product concept?

Q4. Select what rating comes closest to best describing how you feel about the described product.

Low Quality Below Average Average Quality Above Average High Quality

Q5. Select what rating comes closest to best describing how you feel about the described product.

Brand I can't trust Not Really Trusted Don't Know Fairly Trustworthy Brand I can trust

Q6. Select what rating comes closest to best describing how you feel about the described product.

Negative Slightly Negative Neutral Slightly Positive Positive

Q7. Select what rating comes closest to best describing how you feel about the described product.

Poor Value Below Average Average Above Average Good Value

Q8. Please give each feature an importance rating with 1 being low, and 5 being high

	1	2	3	4	5
Q8.1. Enter feature A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.2. Enter feature B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.3. Enter feature C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.4. Enter feature D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8.5. Enter feature E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9. Overall, how interested are you in buying this product if it were available?

- Not at all Not very Indifferent Somewhat Extremely

Q10. What would be your main reason for buying the product?

Q11. Based on the description, what price would you expect to pay for the product? [Please record a single number and specify a currency]

Q12. How would you prefer to pay for this product? Please tick one.

- Cash Cheque Credit Card Debit Card Company Purchase

Q13. How often would you use the product? Please tick one.

- Every day More than once a week Once a week
 About every two weeks Once a month Every three months
 Two or three times a year Less often Would not use

Q14. At what times or occasions would you use the product? Please list all that apply or enter 'don't know' or 'none.'

Q15. Which household members would you expect to use the product?

- | | | |
|--|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Other adult | <input type="checkbox"/> Teen 13-18 years | <input type="checkbox"/> Child 8-12 years |
| <input type="checkbox"/> Child 2-7 years | <input type="checkbox"/> Infant under 2 | |

Q16. How often do you use [PRODUCT CATEGORY] please tick one.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> Every three months | <input type="checkbox"/> Two or three times a year | <input type="checkbox"/> Less often |
| <input type="checkbox"/> Would not use | | |

Q17. What type of [PRODUCT CATEGORY] do you like to use? Please record all that apply or enter 'don't know' or 'Never used'

Q18. What specific brands of [PRODUCT CATEGORY] have you heard of?

- | | |
|--|--|
| <input type="checkbox"/> [Enter Brand A] | <input type="checkbox"/> [Enter Brand B] |
| <input type="checkbox"/> [Enter Brand C] | <input type="checkbox"/> Don't know/none |
| <input type="checkbox"/> Other _____ | |

Thank you for your feedback.