

Feedback form

7 questions. About 2 min to answer.

The experience

1. What is your feedback about? Required

Choose one answer.

- | | |
|--|---|
| ☐ A product | ☐ Our staff |
| ☐ A service | ☐ An event or class |
| ☐ Our website or app | ☐ Other: _____ |

2. Overall, how would you rate your experience? Required

1	2	3	4	5
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3. How did it compare with what you expected? Required

Choose one answer.

- | | |
|--|---|
| ☐ Better than I expected | ☐ Worse than I expected |
| ☐ About what I expected | |

In their own words

4. What did you like most?

5. What should we improve?

Follow-up

6. May we contact you about your feedback? Required

Choose one answer.

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

7. Your email Required

E-mail: _____

Run it online for free

Copy this template to SurveyNinja, send the link and the answers go into a ready report with charts.

surveyninja.io/templates/feedback-form

Survey template from SurveyNinja: surveyninja.io