

Product Usability and Satisfaction Survey

Please print this survey and fill out your responses in the boxes provided below.

General Information

Full Name:

Product Name / Version:

How long have you used this product? (e.g., 3 months, 1 year):

How often do you use this product? (e.g., Daily, Weekly, Monthly):

Product Usability

How easy is the product to use? (Write a score from 1 to 5, where 1 is Very Difficult and 5 is Very Easy):

How quickly were you able to learn how to use the product? (e.g., Instantly, A few days, Weeks):

Is the interface navigation intuitive? (Write Yes, No, or Neutral):

What is the most challenging aspect of using this product?:

Product Satisfaction

Overall, how satisfied are you with the product? (Write a score from 1 to 5, where 1 is Highly Dissatisfied and 5 is Highly Satisfied):

How well does the product meet your needs? (Write a score from 1 to 5, where 1 is Not at All and 5 is Completely):

How likely are you to recommend this product to others? (Write a score from 1 to 10, where 1 is Extremely Unlikely and 10 is Extremely Likely):

Open-Ended Feedback

What is your favorite feature or aspect of the product?:

What is the single most important improvement we could make to this product?:

Please share any other comments, questions, or concerns you have: