

Customer Perception Assessment Form

Post-Marketing Effort

Basic Information

Full Name

Email (optional)

Age Group

Perception Assessment

How did you first hear about our product after the recent marketing campaign?

How would you rate your overall impression of our product, after seeing the recent marketing?

☐ Very positive ☐ Positive ☐ Neutral ☐ Negative ☐ Very Negative

Which qualities best describe how you perceive our product? (Select all that apply)

☐ Innovative ☐ Reliable ☐ Affordable ☐ High Quality ☐ Attractive

How likely are you to recommend our product to others?

Do you have any other comments or suggestions about our most recent marketing efforts?