

Post-Campaign Consumer Feedback Form

Basic Information

Name (optional)

Email (optional)

Campaign Awareness

How did you hear about the campaign?

Please select

How clear was the campaign message?

- 1
- 2
- 3
- 4
- 5

Experience

Did the campaign influence your opinion of the brand?

- Positive
- Neutral
- Negative

What did you like most about the campaign?

What could be improved?

Overall Satisfaction

How likely are you to recommend the brand after seeing the campaign?

- 1
- 2
- 3
- 4
- 5

Additional Comments

