

Post-Campaign Consumer Feedback Form

Basic Information

Name (optional)

Email (optional)

Campaign Awareness

How did you hear about the campaign?

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

