

# Research Questionnaire

Study Title

## Participant Information

Thank you for participating in this study. This questionnaire should take approximately [X] minutes to complete. Your responses will be kept confidential and used only for research purposes.

**Participant ID:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Instructions

Please answer all questions honestly. There are no right or wrong answers. For multiple choice questions, select the option that best represents your view. For open-ended questions, please provide detailed responses.

## Part 1: Demographic Information

1. Age:

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

2. Gender:

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

3. Education Level:

- ☐ High School
- ☐ Some College
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree
- ☐ Other: \_\_\_\_\_

4. Occupation: \_\_\_\_\_

## Part 2: Main Questions

5. On a scale of 1-5, how would you rate [topic]?  
(1 = Very Poor, 5 = Excellent)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

6. How often do you [activity]?

- ☐ Daily  
☐ Several times a week  
☐ Once a week  
☐ Several times a month  
☐ Rarely  
☐ Never

7. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Statement 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Which of the following apply to you? (Select all that apply)

- ☐ Option A  
☐ Option B  
☐ Option C  
☐ Option D  
☐ None of the above

9. In your opinion, what is the most important factor regarding [topic]?

10. Please describe your experience with [topic]:

11. What improvements would you suggest?

### **Part 3: Additional Comments**

12. Is there anything else you would like to share about [topic]?

**Thank you for your participation!**

For questions about this study, please contact:  
Researcher Name — Email — Phone