# Product Development Survey

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| Name: |  | | | | Date: |  |
| Date trial began: | |  | Date trial ended: |  | | |

## Rate the following items on a scale of 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”.

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| --- | --- | --- | --- | --- | --- |
| I had no trouble walking long distances while wearing these shoes. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I felt very stylish whenever I put these shoes on | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| The shoe’s sole provided an adequate amount of slip resistance when walking on slick surfaces. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| These shoes adequately absorb shock when jogging or running on hard surfaces. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I am confident in the quality of Happy Feet shoes. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I would happily buy another pair of the same shoes once they needs replacing. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I plan to buy these shoes for friends or family members. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I would recommend these shoes to others. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| I am more likely to buy other styles of Happy Feet shoes than I was before. | | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| Approximately how many hours a day did you wear these shoes? | | |  | | |

What athletic activities did you perform while wearing them?

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Were any of those activities difficult to do while wearing our footwear? If so, which ones?

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Are there any other comments you think would be useful to our development team?

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