**Survey Information**

| **Survey Title:** | **Quality Comparison Survey** |
| --- | --- |
| Date: | [Enter Date] |
| Survey Conducted By: | [Enter Name/Organization] |

**Participant Information**

| **Name:** | **[Enter Name]** |
| --- | --- |
| Email Address: | [Enter Email Address] |
| Phone Number: | [Enter Phone Number] |
| Address: | [Enter Address] |
| City: | [Enter City] |
| State/Province: | [Enter State/Province] |
| Zip/Postal Code: | [Enter Zip/Postal Code] |
| Country: | [Enter Country] |

**Product/Service Information**

| Product/Service A: | [Enter Product/Service A Name] |
| --- | --- |
| Product/Service B: | [Enter Product/Service B Name] |
| Category: | [Enter Category] |

**Quality Comparison Criteria**

| Criteria | Product/Service A | Product/Service B | Comments |
| --- | --- | --- | --- |
| Overall Quality: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Durability: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Performance: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Reliability: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Ease of Use: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Customer Support: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Value for Money: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Aesthetics/Design: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Features: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Safety: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |
| Environmental Impact: | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [ ] Excellent [ ] Good [ ] Fair [ ] Poor | [Enter Comments] |

**Overall Satisfaction**

| Overall Satisfaction: | [ ] Very Satisfied [ ] Satisfied [ ] Neutral [ ] Dissatisfied [ ] Very Dissatisfied |
| --- | --- |
| Would you recommend Product/Service A? | [ ] Yes [ ] No |
| Would you recommend Product/Service B? | [ ] Yes [ ] No |

**Additional Comments**

[Enter any additional comments or suggestions regarding the products/services]

**Participant Signature**

| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Date: | [Enter Date] |

**For Office Use Only**

| Survey Reviewed By: | [Enter Name] |
| --- | --- |
| Date Reviewed: | [Enter Date] |
| Notes: | [Enter Notes] |