

Candle Survey Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Answer about the one labeled, unlit candle shown for this feedback session. Do not light the candle for this questionnaire. Only assess aspects you experienced; choose unable to assess or skip a question when needed. All seven questions are optional. Do not include private or medical information.

1. What did you assess in this session?

- ☐ The unlit candle's appearance and scent
- ☐ Only the unlit candle's scent
- ☐ Only the candle's appearance
- ☐ Neither

2. How much did you like the unlit candle's scent?

- ☐ Dislike very much
- ☐ Dislike somewhat
- ☐ Neither like nor dislike
- ☐ Like somewhat
- ☐ Like very much
- ☐ Unable to assess

3. How strong did the unlit candle's scent seem compared with what you prefer?

- ☐ Much too weak
- ☐ A little too weak
- ☐ About right for me
- ☐ A little too strong
- ☐ Much too strong
- ☐ Unable to assess

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4. How much did you like the candle's appearance?

- ☐ Dislike very much
- ☐ Dislike somewhat
- ☐ Neither like nor dislike
- ☐ Like somewhat
- ☐ Like very much
- ☐ Unable to assess

5. How well did the candle's appearance fit the scent you experienced?

- ☐ Not at all well
- ☐ Slightly well
- ☐ Moderately well
- ☐ Very well
- ☐ Extremely well
- ☐ Unable to assess both

6. What setting, if any, does this candle's scent bring to mind?

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7. What would you most like to change about this candle concept?
