

Consumer Purchasing Habits Survey Template

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

Answer only if you personally bought from the product category identified above during the stated 30-day period. Think about your own purchases, not purchases made by someone else. Every question is optional. Please do not include personal, payment or account details.

1. How many separate purchases did you make in this category during the stated period?

- ☐ 1
- ☐ 2–3
- ☐ 4–5
- ☐ 6–10
- ☐ 11 or more
- ☐ I do not remember

2. Where did you complete your most recent purchase in this category?

- ☐ Physical store
- ☐ Retailer's website or app
- ☐ Online marketplace
- ☐ Directly from a seller by phone or message
- ☐ Another channel
- ☐ I do not remember

3. Before shopping that time, had you planned to buy from this category?

- ☐ Yes
- ☐ No
- ☐ I do not remember

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4. What mattered most when choosing the item on that occasion?

- ☐ Price
- ☐ Availability
- ☐ Product features
- ☐ Familiarity with the brand
- ☐ Recommendation or review
- ☐ Promotion or discount
- ☐ Another factor
- ☐ I do not remember

5. Before buying, how many alternatives did you compare?

- ☐ None
- ☐ 1
- ☐ 2–3
- ☐ 4 or more
- ☐ I do not remember

6. Had you bought the same brand in this category before that purchase?

- ☐ Yes
- ☐ No
- ☐ The product had no brand
- ☐ I do not remember

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7. What, if anything, made that purchase difficult?
