Customer Needs Survey Template

All questions are optional. Select one answer for each choice question.
Write your answers to the open questions in the space provided.

Think about the activity described by the survey organizer. Tell us how you handle it today and what would make it easier. All questions are optional. Please do not include private account information.

1. What are you trying to accomplish when you do this activity?

2. How often do you need to do this activity?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less than monthly
- ☐ This is a one-time need
- ☐ Not sure

3. How do you currently handle this activity?

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4. How well does your current approach meet your needs?

- ☐ Not at all well
- ☐ Slightly well
- ☐ Moderately well
- ☐ Very well
- ☐ Extremely well
- ☐ I do not have a current approach

5. What is the biggest obstacle you face?

- ☐ Time required
- ☐ Cost
- ☐ Lack of information
- ☐ Difficulty getting help
- ☐ Tools that do not fit the task
- ☐ Something else
- ☐ I do not face an obstacle

6. What would a successful outcome look like for you?

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7. What is the single most useful improvement we could make?