

## **Satisfaction survey**

We are conducting a customer satisfaction survey on the Apple AirPods product and would appreciate your input regarding your experience with it.

This survey will take only a few minutes of your time. Thank you for your participation!

## Diagnostic questions

1. Have you ever used AirPods?
  - a. Yes
  - b. No
2. How long have you been using AirPods:
  - a. Less than 1 month
  - b. 3-6 months
  - c. 6-12 months
  - d. More than 1 year
3. Which model of AirPods do you use? (Multiple answers allowed)
  - a. 1<sup>st</sup> generation
  - b. 2<sup>nd</sup> generation
  - c. AirPods Pro
4. Which smartphone do you use?
  - a. Apple
  - b. Android
  - c. Other, please specify
5. How long have you been using AirPods?
  - a. Less than 1 month
  - b. 3-6 months
  - c. 6-12 months
  - d. More than 1 year
6. How often do you use AirPods:
  - a. Once a day or less
  - b. 2-3 times/ day
  - c. 4-5 times/ day
  - d. More than 5 times/ day
7. At what time of the day do you use them?
  - a. Morning
  - b. Early afternoon
  - c. Late afternoon
  - d. Evening
  - e. Late night
8. How many hours a day do you use AirPods?
  - a. Less than 1 hr
  - b. 1 – 2 hrs
  - c. 2 – 4 hrs
  - d. More than 4 hrs
9. What were you doing when you used AirPods?
  - a. Walking
  - b. Phone call
  - c. Exercising
  - d. Working/ studying
  - e. Reading
  - f. Sleeping
  - g. Others, please specify

10. From 1 to 6, please rank below activities from the most regular one to least regular one when you use AirPods?
- a. Walking
  - b. Phone call
  - c. Exercising
  - d. Working/ studying
  - e. Reading
  - f. Sleeping
  - g. Others, please specify

### Satisfaction questions

1. Please write the appropriate number for the following questions using the scale below:

|  | Completely satisfied | Very satisfied | Satisfied | Somewhat satisfied | Not satisfied |
|--|----------------------|----------------|-----------|--------------------|---------------|
| Questions  | 1                    | 2              | 3         | 4                  | 5             |
| How satisfied are you with the design of the AirPods?  |                      |                |           |                    |               |
| How satisfied are you with the secure fit in ears of the AirPods?                            |                      |                |           |                    |               |
| How satisfied are you with the sound quality of the AirPods?                                 |                      |                |           |                    |               |
| How satisfied are you with the tapping function of the AirPods?                              |                      |                |           |                    |               |
| How satisfied are you with the charging speed of the AirPods?                                |                      |                |           |                    |               |
| How satisfied are you with the Bluetooth pairing process with mobile devices of the AirPods? |                      |                |           |                    |               |
| How satisfied are you with the battery life of the AirPods?                                  |                      |                |           |                    |               |
| How satisfied are you with the Noise Cancellation of the AirPods (Pro)?                      |                      |                |           |                    |               |
| How satisfied are you with the Water resistance of the AirPods (Pro)?                        |                      |                |           |                    |               |
| Overall, how satisfied are you with the AirPods?   |                      |                |           |                    |               |

2. Please write the appropriate number for the following questions using the scale below:

|  | Extremely important | Fairly important | Important | Somewhat important | Not important |
|--|---------------------|------------------|-----------|--------------------|---------------|
| Questions  | 1                   | 2                | 3         | 4                  | 5             |
| How important is the product design to you?                                |                     |                  |           |                    |               |
| How important is the fit in ears to you?                                   |                     |                  |           |                    |               |
| How important is the sound quality to you?                                 |                     |                  |           |                    |               |
| How important is the tapping function to you?                              |                     |                  |           |                    |               |
| How important is the charging speed to you?                                |                     |                  |           |                    |               |
| How important is the Bluetooth pairing process with mobile devices to you? |                     |                  |           |                    |               |
| How important is the battery life to you?                                  |                     |                  |           |                    |               |
| How important is the noise cancellation to you?                            |                     |                  |           |                    |               |
| How important is the water resistance to you?                              |                     |                  |           |                    |               |

3. If you could change one thing about the product, what would it be?

## Demographics

The following information is strictly confidential and will be used for statistical purposes only. Please select the appropriate answer

1. Age:
  - a. Less than 18
  - b. 18-25
  - c. 26-35
  - d. 36-45
  - e. 46-54
  - f. Over 55
2. Gender
  - a. Male
  - b. Female
  - c. Non-binary/ third gender
  - d. I would prefer not to share
3. Employment status:
  - a. Full time employment
  - b. Part time employment
  - c. Self-employed
  - d. Not working (looking for employment)
  - e. Student
  - f. Retired
  - g. Not working - others (please specify)
4. If you are a student, what is your degree?
  - a. Full-time student
  - b. Part-time student
5. If you are a student, which program are you?
  - a. Undergraduate
  - b. Graduate
  - c. Executive Leadership
  - d. Other, please specify
6. If you are a student, how many years your program is?
  - a. 1 year
  - b. 2 years
  - c. 3-4 years
  - d. More than 4 years
7. If you are a student, what year are you?
  - a. 1<sup>st</sup> year
  - b. 2<sup>nd</sup> year
  - c. 3<sup>rd</sup> year
  - d. 4<sup>th</sup> year
  - e. Other, please specify