Survey Questions (Admin)

Dear participants, we are conducting a survey for our project. Please spare 10-20 minutes from your busy schedule to fill up the following survey questionnaire. All the information collected from here will be kept anonymous and used strictly for research purposes.

* Required

1.	I understand my rights as a research subject, and that the results of this study may be used for academic purposes, but respondents record or identity will not be revealed by law. I voluntarily consent to participate in this study. *
	Mark only one oval.
	I agree

MedicAid+

I disagree

Part 1: Basic Information

Name *

3.	Gender *	
	Mark only one oval.	
	Female	
	Male	
	Other:	
4.	Age *	
	Mark only one oval.	
	Below 18	
	18-24	
	25-35	
	above 35	
5.	Occupation *	
MedicAid+		

Part 3: Requirements

6.	What must-have features would you like to see on the website? *
7.	What is your preferred method of viewing your login page? *
8.	What features would you like to add on the login page? *
0.	

9.	What ideas do you hope to receive from us? *
10.	Do you want a section on the website dedicated to reviews? * Mark only one oval.
	Yes No Maybe
11.	What method would you prefer to use to log into the system? *

Mark only one oval.

through Google?

through personal information

through E-mail

12.	What are your expectations for the website? *
13.	Do you want us to create web designs that are mobile-friendly? *
	Mark only one oval. Yes
	○ No
14.	What are three of your favorite websites? *
15.	Which features would you prefer not having? *

16.	Would you prefer to keep patient data that includes detailed personal and medical information? *
	Mark only one oval.
	Yes
	◯ No
17.	What about the information on the ambulance's owner? would you like to add that? *
18.	Which elements are you looking for in a competitor analysis?
	Check all that apply.
	Features
	Marketing
	Strengths
	Weakness
	Customer Review

19. Do you want to access the list of sponsors?

Mark only one oval.

No

Thank You!

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