Questionnaire 1

Questionnaire

Welcome to this very important survey with which we want to look deep inside of you your company. Thank you for filling it all out.

Abo	out you					
1.	. Your name:					
2.	. Contact Number (Optional):					
3.	. How old are you?	□ 1 - 18.	□ 19 - 24.	\square 25 - 39.	□ 40 - 60.	□ 60+
Abo	out this questionnaire					
4.	What kind of Carrier type do you use (Please check all you use)?					
	□ 2G.					
	□ 3G.					
	□ 4G.					
	□ Auto.					
	□ Other:					
5 .	. What device do you use for in	ternet sur	fing (Please	check all you	u use)?	
	☐ Mobile Phone.					
	□ Tablet.					
	□ Laptop.					
	□ Desktop.					
	□ Other:					
6.	. What kind of software do you	use for ex	ploring the	internet (Ple	ease check al	l you use)?
	□ Opera.					
	☐ Microsoft Edge.					
	$\hfill\Box$ Microsoft explorer.					
	\Box Chrome.					
	□ Uc Browser					
	□ Other:					