**SAMPLE SURVEY**

|  |  |
| --- | --- |
| **Personal Details** | |
| **Name:** | SAMPLE NAME |
| **Date of Birth:**  *[DD/MM/YYYY]* |  |
| **Contact No.:** | 91234567 |
| **Agency / Company:** | COMPANY C |
| **Job Type:** |  |

**INSTRUCTIONS**

For each of the questions in *Section A*, **select 1 checkbox** which best describes your answer. Each question is compulsory to answer.

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| --- | --- | --- | --- | --- | --- | --- |
| **Section A: 6-Point Scale Rating** | | | | | | |
| **Question** | **Strongly Disgaree** | **Disagree** | **Slightly Disagree** | **Slightly Agree** | **Agree** | **Strongly Agree** |
| Sample Question 1A |  |  |  |  |  |  |
| Sample Question 2A |  |  |  |  |  |  |
| Sample Question 3A |  |  |  |  |  |  |
| Sample Question 4A |  |  |  |  |  |  |
| Sample Question 5A |  |  |  |  |  |  |

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| **Section B: Free Response** | |
| **Question** | **Response** |
| Sample Question 1B | Sample Response 1 |
| Sample Question 2B | Sample Response 2 |
| Sample Question 3B | Sample Response 3 |

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| **Section C: Additional Feedback / Remarks**  *[optional]* |
| Some Additional Feedback and Remarks submitted by SAMPLE NAME |