Pet Care App : Design Phase 1

28
Responses

01:40
Average time to complete

Closed
Status

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1. Do you own a pet(s)?

🔵 Yes	26	
🟠 No	2	

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2. What is your age group?

🔵 18-24	13
🟠 25-34	5
🟢 35-44	3
🔴 45-54	1
🟣 55-64	3
🟤 65+	1
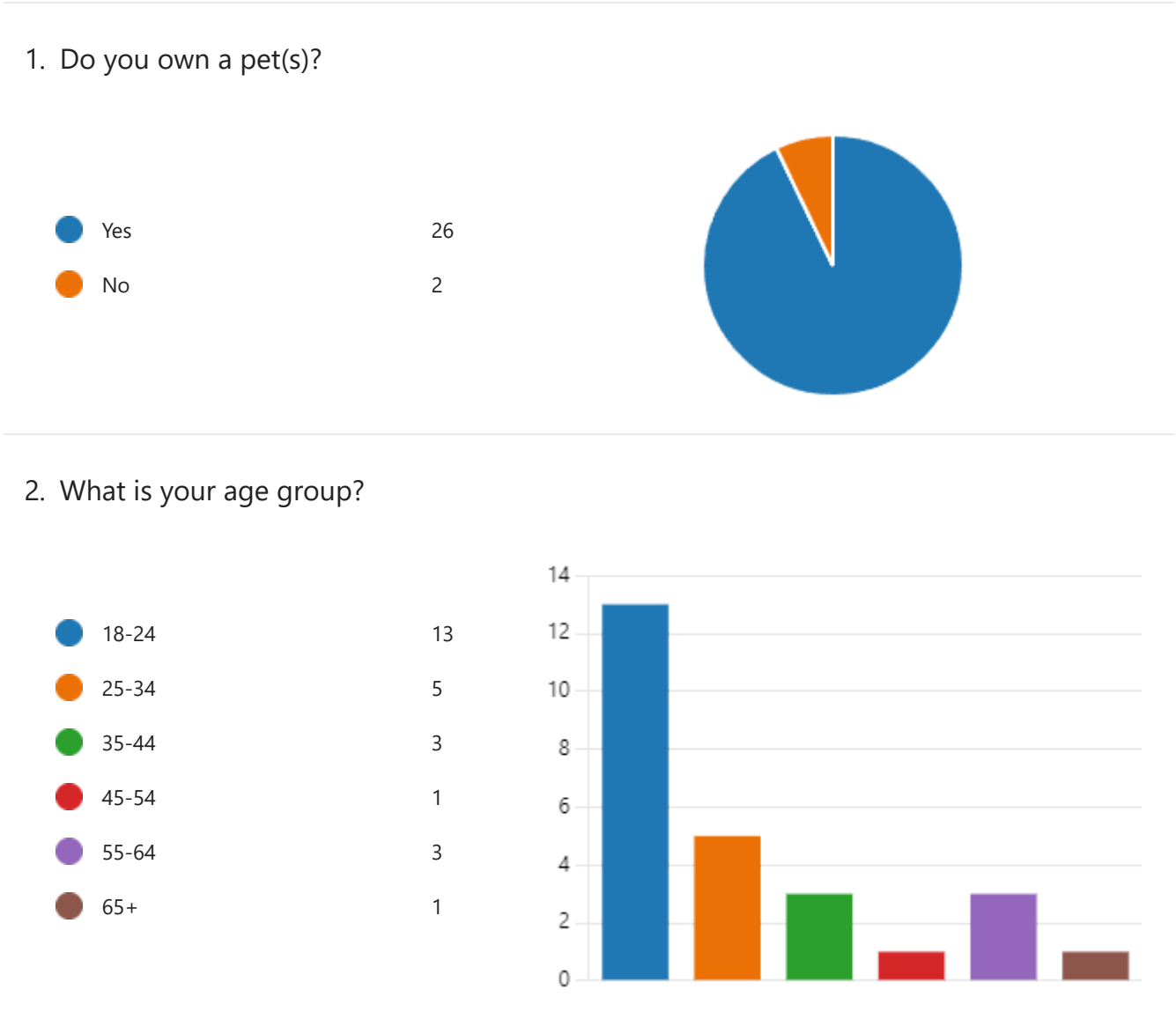
3. Where do you live?

🔵	Urban	14
🟠	Suburban	6
🟢	Rural	6

4. How many pets do you own?

🔵	1	13
🟠	2	5
🟢	3	3
🔴	4	1
🟣	5 or more	4

5. What type of pet(s) do you own? (select all that apply)

🔵	Dog	16
🟠	Cat	16
🟢	Bird	1
🔴	Reptile	1
🟣	Rodent	1
🟤	Other	4
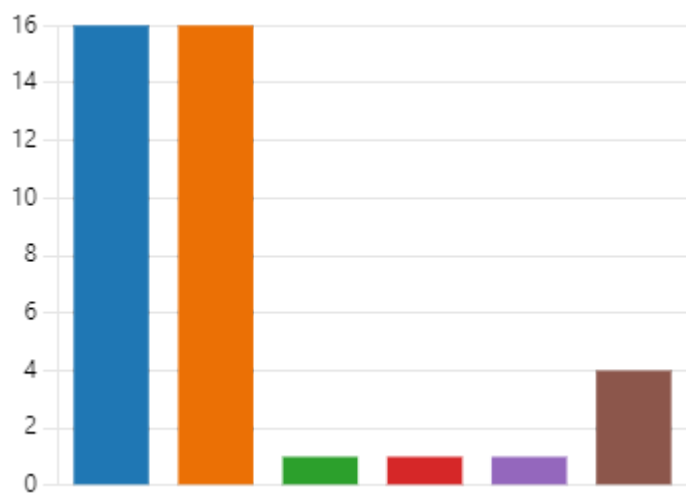
6. Does your pet (or one of your pets) take medication?

🔵	Yes	6
🟠	No	20

7. Does your pet (or one of your pets) have health issues?

🔵	Yes	7
🟠	No	19

8. Do you have trouble keeping track of appointments, medication or any other pet-related tasks?

🔵	Yes	12
🟠	No	14
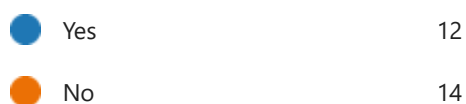
9. Keeping your pet's medical records organized.

■ 1   ■ 2   ■ 3   ■ 4   ■ 5

On a scale of 1 to 5, how difficult is it for you to keep your pet's medical records...

100%   0%   100%
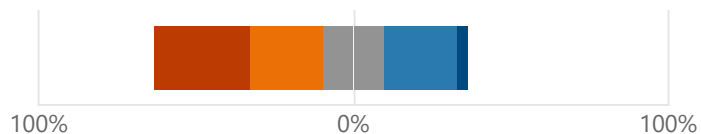
10. Would you like to take part in our Pet Care App design study and would you be open to answering more surveys in the near future?

🔵	Yes	8
🟠	No	11
🟢	Maybe	7

11. Please enter your email address which we can contact you with.

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Responses

Latest Responses