

## Product Development Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date trial began: \_\_\_\_\_ Date trial ended: \_\_\_\_\_

Rate the following items on a scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree".

I had no trouble walking long distances while wearing these shoes:

1	2	3	4	5
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I felt very stylish whenever I put these shoes on

1	2	3	4	5
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The shoe's sole provided an adequate amount of slip resistance when walking on slick surfaces.

1	2	3	4	5
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These shoes adequately absorb shock when jogging or running on hard surfaces.

1	2	3	4	5
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I am confident in the quality of Happy Feet shoes.

1	2	3	4	5
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I would happily buy another pair of the same shoes once they needed replacing.

1	2	3	4	5
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I plan to buy these shoes for friends or family members.

1	2	3	4	5
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I would recommend these shoes to others.

1	2	3	4	5
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I am more likely to buy other styles of Happy Feet shoes than I was before.

1	2	3	4	5
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Approximately how many hours a day did you wear these shoes? \_\_\_\_\_

What athletic activities did you perform while wearing them?

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