

Survey Questionnaire

Find out what opinions your audience may have on a matter

# General Information

Name (optional):

Age:

Gender:

Occupation:

# Check the box if you agree or disagree

**Strongly Agree**

**Agree**

**Neutral**

**Disagree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** |  |  |  |  | **Strongly Disagree** |
| *Write a statement you want your audience to think about.* |  |  |  |  |  |
| *Make sure the statement is clear and concise.* |  |  |  |  |  |
| *Add more rows as needed.* |  |  |  |  |  |

Tick the box that corresponds to your preferred option

1. *Write a question here*

 Option 1

 Option 2

 Option 3

 Option 4

1. *Write another question here*

 Option 1

 Option 2

 Option 3

 Option 4

1. *Write another question here*

 Option 1

 Option 2

 Option 3

 Option 4

**Feedback**

*Give your audience the chance to express themselves. There might be details important to them that the questionnaire may have missed. An essay format works best for these instances.*

# Can we keep in touch?

If you're open to corresponding with us after this survey, please let us know how best to reach you! (This is optional, and we are committed to protecting your data.)

 Via email: Please add your email address here

 Via phone: Please add your contact number here

 Via social media: Please add your social media handle here

# Thank you for your time!

GiveDirectly

P.O. Box 3221, New York, NY 10008

+1 (646) 504-4837

[www.givedirectly.org](http://www.givedirectly.org/)