# SAMPLE EXHIBIT VISITOR SURVEY

## IMPORTANT:

- **THIS SURVEY TEMPLATE IS INTENDED TO BE A STARTING POINT TO CREATE YOUR OWN SURVEY.**
- **THE PROPER METHODOLOGIES ARE AN ONSITE EXIT SURVEY (ON A TABLET/IPAD) OR AS A POST-EVENT ONLINE SURVEY.**
- **REGARDLESS OF METHODOLOGY USED, THIS REQUIRES SURVEY SOFTWARE THAT HAS BRANCHING CAPABILITIES.**
- ***REMEMBER: ONE OF THE MOST IMPORTANT ASPECTS OF CONDUCTING A SURVEY IS TO FIRST MAP OUT YOUR RESEARCH GOALS AND OBJECTIVES AND ALIGN THEM WITH YOUR CORPORATE AND EVENT MARKETING STRATEGY.***

**For assistance in developing your survey or conducting your research:**

**Joe Federbush at joe.federbush@evoliomarketing.com**

CONSIDER INCLUDING SCREENER QUESTIONS TO PREVENT UNWANTED RESPONDENTS.

1. **[SCREENER #1] What was your primary purpose for attending [Event Name]?**
   - General attendee
   - Conference delegate
   - Exhibitor [TERMINATE]
   - Press/media [TERMINATE]
   - Event staff [TERMINATE]
   - Speaker [TERMINATE]
   - Other (specify)

2. **[SCREENER #2-ONSITE EXIT SURVEY] How much time did you spend in the [Company Name] exhibit?**
   - Less than 5 minutes [TERMINATE IF LESS THAN 5 MINUTES]
   - 5 to 10 minutes
   - 11 to 20 minutes
   - 21 to 30 minutes
   - More than 30 minutes

3. **What were your reasons for visiting the [company] exhibit?**
   **[note: edit categories as needed]**
   - ☐ To see what's new
   - ☐ To learn more [company's] products/solutions
   - ☐ To speak with [company] employees/reps
   - ☐ To get answers to technical questions
   - ☐ Exhibit caught my eye as I was passing by
   - ☐ Attend a meeting
   - ☐ Evaluate products/solutions for potential purchase
   - ☐ Other (specify) _____

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**4. Rate the overall value from your visit to the [company] exhibit based on your reason(s) for visiting.**

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

5. **What is the reason for your rating?** [open-ended/text]

**6. Which exhibit activities or demos did you visit? (Select all that apply)**

- ☐ ***List major areas of the exhibit people could have visited or interacted with***
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**7. Please rate the usefulness of information at each area visited.**

| | Extremely Useful | Very Useful | Somewhat Useful | Not Very Useful | Not at All Useful |
|---|---|---|---|---|---|
| **Carry forward items selected in previous question** | o | o | o | o | o |

**8. What actions do you plan to take as a result of your visit to [company]? Select all that apply.**

- ☐ Schedule a follow-up meeting
- ☐ Obtain more information online
- ☐ Purchase products/solutions within next XX months
- ☐ Follow on social media
- ☐ Discuss with my colleagues
- ☐ Recommend to others
- ☐ *None*

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**9. What is your relationship with [company]?**

- ○ Current customer
- ○ Former customer
- ○ Never been a customer
- ○ Partner/Supplier
- ○ Not sure

**10. What is your purchasing role?**

- ○ Primary decision-maker
- ○ Decision-maker as Part of a group
- ○ Influencer
- ○ No role

**11. Did you have a discuss products/solutions or have a conversation with any exhibit staff?**

- ○ Yes
- ○ No

**[ASK ONLY TO THOSE WHO SPOKE WITH STAFF IN PREVIOUS QUESTION]**

**12. Rate the [company] exhibit staff for each of the following criteria:**

| | Excellent | Very Good | Neutral | Fair | Poor |
|---|---|---|---|---|---|
| Qualified me to better understand my interests/needs | o | o | o | o | o |
| Available/Accessible | o | o | o | o | o |

**13. Rate your agreement with each of the following statements.**

| | Strongly Agree | Somewhat Agree | Neutral | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| [**sample statement**] | o | o | o | o | o |
| [**sample statement**] | o | o | o | o | o |
| [**sample statement**] | o | o | o | o | o |

**14. How likely are you to recommend [company] to a business friend or colleague?**
**[this is the Net Promoter Score (NPS) question]**

Not at all likely — Extremely likely

0 1 2 3 4 5 6 7 8 9 10

**15. What is the reason for your rating? (TEXT BOX)**

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# Sample Visitor Feedback Survey

**The following questions are for classification purposes only.**

16. **Which of the following best describes your job level or professional position?**
**Select all that apply or select one – depends on your industry**
**[Note: answer choices should be customized to your industry and targets]**

- ☐ President/CEO/Owner
- ☐ Other C-Level/VP/Director
- ☐ Purchasing Manager/Buyer
- ☐ Operations Manager/Supervisor
- ☐ Sales/Marketing
- ☐ Staff/Office/Support Personnel
- ☐ Other (specify)

17. **Which of the following best describes the industry in which you work?**
**[Note: answer choices should be customized to your industry and targets]**

- ☐ Healthcare
- ☐ Manufacturing
- ☐ Science
- ☐ Research and Design
- ☐ Software/App Development
- ☐ Other (specify)

18. **Where do you primarily work?**

- ☐ In the United States
- ☐ Outside of the United States

19. **What is your age? OR Inwhat year were your born?**
Prefer not to answer
**[INSERT PULL-DOWN MENU]**

20. **How do you identify?**

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to answer

21. **Please provide any final thoughts or comments that you would like to share about [company]? (TEXT BOX)**

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