



**Dear Customer:**

Please take a moment to tell us what you think of our **idea for a new *Blizzard*<sup>®</sup> Flavor Treat**. Your honest opinion will help us evaluate and refine the product to best satisfy your needs. Please answer the questions by filling in the appropriate bubbles:

Shade bubbles like this:

Not like this:



**Thank you for your participation!**

**Description (insert detailed description about your new *Blizzard* flavor. Follow format of listing the mix-in ingredients followed by the phrase "blended with creamy vanilla soft serve")**

- 1. Please rate how much you think you would like the ( ) described above on the following scale, where 5 means "excellent" and 1 means "poor."

|                                 | Excellent                | Good                     | Average                  | Fair                     | Poor                     |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Taste</b>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Selection of Ingredients</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Overall Liking</b>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 2. Based on the description above, how likely would you be to purchase the (insert new product or promotional name)?

| Definitely Will          | Probably Will            | May or May Not           | Probably Will Not        | Definitely Will Not      |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3. How does this product compare to other *Blizzard* flavors?

| Better Than Others       | As Good as Others        | Not As Good as Others    |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 4. How does this product compare to similar products offered by competitors?

| Better Than Others       | As Good as Others        | Not As Good as Others    |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 5. Would you visit a *Dairy Queen*<sup>®</sup> location more often for this product?

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- 6. Is this the type of product that should be offered year round, or only seasonally? (Choose all that apply)

| Year Round               | Spring                   | Summer                   | Fall                     | Winter                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tell us a little about yourself:

- 7. Your Age: Under 18 18-34 35-50 Over 50

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

- 8. Your Gender: Male Female

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

- 9. What did you like or dislike about the product, and what would make the product better?

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Thank you for contributing.