

Baby Products Market Pulse Omnibus Survey Example Survey Questions by Type of Study

AWARENESS & PERCEPTION

1. Please indicate your awareness and usage of car seats from the following brands. Note: Please think of both your infant and convertible car seats if you have used both types.
(Check one per row)

	Currently using car seat(s) from brand	Used car seat(s) from brand in the past, but NO longer use them	Familiar with brand and its car seats, but NEVER tried them	Aware of brand, but NOT familiar with its car seats	NEVER heard of brand
Baby Trend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Britax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cybex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diono	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenflo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Embrace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maxi-Cosi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peg Perego	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your car seat brand is missing from this list, please specify: _____

2. Please indicate your perception of the quality of car seats from the following brands.
(Check one per row) *(Programmer Note: Show brands respondents have at least heard of)*

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
Baby Trend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Britax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cybex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diono	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenflo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids Embrace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maxi-Cosi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peg Perego	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARKET SHARE

3. Which **baby clothing brands** do you currently use?

- Brand list TBD
- ...
- ...
- Other (please specify): _____

4. Of your total **baby clothing**, approximately what percent is each of the following **brands**?
(Total must be equal to 100%)

- _____ % Brand list TBD
- _____ % ...
- _____ % ...
- 100% TOTAL

USAGE/SATISFACTION

5. How many times per week do you typically use your **INFANT car seat**?

of Times per Week = _____

6. Which **INFANT car seat brand** do you **currently use**? If you have older children, which **INFANT car seat brand** did you **use most recently**? (Check only one) (Programmer Note: Show brands currently used or used in the past)

- I have never used an infant car seat (show always) → SKIP to end of section
- Baby Trend
- Britax
- Chicco
- Clek
- Cybex
- Diono

- Evenflo
- GB
- Graco
- Kids Embrace
- Maxi-Cosi
- Nuna
- Peg Perego
- Safety 1st
- Summer Infant
- Other (please specify): _____

7. Overall, how satisfied are you with your INFANT car seat?

Not at all Satisfied 1	Slightly Satisfied 2	Moderately Satisfied 3	Very Satisfied 4	Extremely Satisfied 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How satisfied are you with the following aspects of your INFANT car seat? (Check one per row) (Programmer Note: Rotate answer options)

	Not at all Satisfied 1	Slightly Satisfied 2	Moderately Satisfied 3	Very Satisfied 4	Extremely Satisfied 5
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size/footprint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with stroller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURCHASE INFLUENCE

9. Please RANK the top 3 factors that influenced your decision to purchase/register for your INFANT car seat. (Check one per column) (Programmer Note: Rotate answer options)

	MOST Influential	2 nd Most Influential	3 rd Most Influential
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size/footprint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with stroller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Considering all the sources you used to make your INFANT car seat decision, please assign 100 points in total based on the influence each source had on your decision. (NOTE: You can allocate all 100 points to just one feature, or you can distribute the 100 points across multiple features, depending on their value, with more points = more value.) (Programmer Note: Rotate answer options)

- _____ Online research
- _____ Visit to baby store
- _____ Recommendation from family/friend
- _____ Other

100 POINTS TOTAL

If you assigned points to 'Other,' please specify: _____

NEW PRODUCT CONCEPT

11. What is your overall interest in this new baby carrier?

Not at all Likely					Moderately Likely					Extremely Likely
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What do you like most about this new **baby carrier**?

13. What would you recommend changing about this new **baby carrier**?

14. How differentiated is this new **baby carrier** from existing products on the market?

Not at all Differentiated 1	Slightly Differentiated 2	Moderately Differentiated 3	Very Differentiated 4	Extremely Differentiated 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Assuming it were priced appropriately, how likely would you be to try this new **baby carrier**?

Not at all Likely 1	Slightly Likely 2	Moderately Likely 3	Very Likely 4	Extremely Likely 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JOURNEY MAPPING

16. Please describe your thoughts regarding your **initial attempts at breastfeeding** (at the hospital or at home).

17. Which of the following feelings/emotions did you have when you **initially attempted breastfeeding**? (Check all that apply)

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Accepting | <input type="checkbox"/> Helpless |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Hopeful |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Indifferent |
| <input type="checkbox"/> Annoyed | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Peaceful |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Positive |
| <input type="checkbox"/> Disgusted | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Surprised |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Trusting |

18. How would you rate your general emotion level regarding your **initial attempts at breastfeeding**?

19. How would you rate your satisfaction with your **initial attempts at breastfeeding**?

Very Negative 1	Moderately Negative 2	Neutral 3	Moderately Positive 4	Very Positive 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How did your **initial attempts at breastfeeding** compare to your expectations?

Much Worse than Expected 1	Somewhat Worse than Expected 2	As Expected 3	Somewhat Better than Expected 4	Much Better than Expected 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AD TESTING

21. What do you consider to be the MAIN MESSAGE of this ad?

22. What do you LIKE MOST about this ad?

23. Is there anything you would RECOMMEND CHANGING about this ad?

24. Please describe your OVERALL OPINION of this ad.

Dislike a Lot 1	Dislike a Little 2	Neutral 3	Like a Little 4	Like a Lot 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. If you saw this ad in a journal, how likely would you be to TAKE the TIME to READ about the product?

Definitely Would NOT 1	Probably Would NOT 2	Might or Might Not 3	Probably Would 4	Definitely Would 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. If you saw this ad in a journal, how likely would you be to **TAKE ACTION** to **LEARN MORE** about the product?

Definitely Would NOT 1	Probably Would NOT 2	Might or Might Not 3	Probably Would 4	Definitely Would 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please rate the following **CHARACTERISTICS** of this ad.

	Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
Appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Believable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Catching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persuasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please indicate your **FEELINGS** for the following **ELEMENTS** of this ad.

	Dislike a Lot 1	Dislike a Little 2	Neutral 3	Like a Little 4	Like a Lot 5
The Image or Picture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headline: <i>TBD.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Design or Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How **COMPELLING** is the **HEADLINE** for this ad in terms of **wanting to learn more** about the product?

TBD.

Not at all Compelling 1	Slightly Compelling 2	Moderately Compelling 3	Very Compelling 4	Extremely Compelling 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITIONING

“Statement TBD”

30. Please rate the following CHARACTERISTICS of this positioning statement for the new baby carrier.

	Not at All 1	Slightly 2	Moderately 3	Very 4	Extremely 5
Easy to Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Believable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. What key words or phrases from the statement do you LIKE the most?

SEGMENTATION

32. Which of the following best describes your loyalty towards the baby products you use? (Check only one)

- I am loyal to the brands I use and rarely change brands
- I am loyal to most of the brands I use but do switch brands occasionally
- I am not loyal to the brands I use and switch brands often

33. Which statement best describes how you select brands of baby products? (Check only one)

- I select brands based on the lowest price
- I generally use the brand with which I have had the best experience and do not switch often
- I generally use the brand with which I have had the best experience, however I will switch if a new and proven product becomes available

PRICING

Van Westendorp

34. Based on the cost comparison above and your understanding of the new next generation baby thermometer, at what price would you consider the new concept to be...?

- a) So inexpensive that you would question its quality

- b) **A bargain and a good value for the money**
- c) **Starting to get expensive, but you would STILL consider purchasing this product**
- d) **So expensive that you would not consider purchasing this product**

Gabor-Granger

35. Assuming the new **next generation baby thermometer** performs as effectively as your current brand and is priced at **\$20.00** how likely would you be to adopt it?

Not at all Likely 1	Slightly Likely 2	Moderately Likely 3	Very Likely 4	Extremely Likely 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. (If original question rated 3, 4, or 5) Assuming the new **next generation baby thermometer** performs as effectively as your current brand and is priced at **\$25.00** how likely would you be to adopt it?

Not at all Likely 1	Slightly Likely 2	Moderately Likely 3	Very Likely 4	Extremely Likely 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. (If original question rated 1 or 2) Assuming the new **next generation baby thermometer** performs as effectively as your current brand and is priced at **\$15.00** how likely would you be to adopt it?

Not at all Likely 1	Slightly Likely 2	Moderately Likely 3	Very Likely 4	Extremely Likely 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Max Diff

38. When considering buying a **baby thermometer**, which of these attributes is the most important and which is the least important? (Check one per column) (REPEAT with cycled attributes)

	Most Important	Least Important
TBD	<input type="checkbox"/>	<input type="checkbox"/>
TBD	<input type="checkbox"/>	<input type="checkbox"/>
TBD	<input type="checkbox"/>	<input type="checkbox"/>