

Movie Ticket ordering flow survey questionnaire

Hello and thank you for your time! I have created a short survey for my second portfolio project and would greatly appreciate it if you could take a few minutes to fill it out for me. I am designing a movie ticket ordering flow for a movie theater. :)

* Required

1. To which gender identity do you most identify? *

Mark only one oval.

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming
- Prefer Not to Answer
- Other: _____

2. What is your age? *

Mark only one oval.

- Under 25
- 25 – 35
- Above 35

3. Do you consider yourself a movie theater regular? *

Mark only one oval.

Yes

No

4. Is Covid-19 a consideration to you currently when purchasing movie tickets? *

Please explain.

5. How often do you go to the movies? *

Mark only one oval.

1 – 2 times a month

3 – 5 times a month

Over 5 times a month

I don't know

6. How do you currently purchase movie tickets? *

Mark only one oval.

Through an app

Through a website

In person at the theater.

7. What prompts you to purchase tickets to see a movie in theaters? Please explain. *

8. Do you purchase movie tickets more often individually or more often in groups? *

Mark only one oval.

Individually

In groups

9. Do you collect your movie ticket stubs? *

Mark only one oval.

Yes

No

10. What about your current movie ticket purchasing process do you like? Please explain. *

11. What challenges do you face in purchasing a movie ticket currently? How does this make you feel? *

12. What portion of the theater do you prefer to select for your seating? *

13. What features would you like to see implemented in the movie ticket purchasing process to improve the movie theater experience for you? *

14. Is there anything else about your movie ticket purchasing process you would like to share? *

Thank you so much for your time!



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