



Help Us To Serve You Better

Hand Blenders

*INSIGHT has so far published Test Reports on several consumer products. In 2005-2006, it published Test Reports on shampoos, 40 W and 36 W tubelights, cheese, chips and anti-diabetic tablets. We now plan to test **Hand Blenders** . We invite readers to share their experiences with us which will help us in our tests.*

If you use or are aware of Hand Blenders, do send us your views by answering this questionnaire. The questionnaire is also available online. The address of our Website is www.cercindia.org

Hand Blenders

1. Do you use a hand blender?
 Yes No
- 1A. Since how long are you using it ?

2. Which brand do you use?

3. How much did you pay for it?
 Rs. _____
4. How often do you use it?
 Every other day
 Once a week
 Once a fortnight
5. Are you aware that some brands of hand blenders have extra fitting for chopping, chutney making, etc. ?
 Yes No
6. Name the attachments your hand blender has.

7. How many blades does it have ?

8. What do you use it for most often?
 Blending/mixing
 Pureeing
 Chopping
 Making chutney
 Whisking
 Kneading
9. Do you own a food mixer ?
 Yes No
10. If yes, which do you use more often?
 Hand blender
 Food mixer
11. Which do you find more convenient to use ?
 Hand blender
 Food mixer
12. In your opinion which of the two do most people use ?
 Hand blender
 Food mixer
13. Have you faced any problems with your hand blender?
 Yes No
14. What type of problems did you face?

15. Where do you send it for repair, if required ?
 Service station of the company
 Local repair shop
 Self
16. Which are the hand blender brands available in your area ?



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S E C O N D F O L D

If you have any additional information to share, please mail it to us separately.

T H A N K Y O U F O R F I L L I N G U P T H E F O R M

F I R S T F O L D

PERSONAL DETAILS

For statistical analysis we would need some personal data. All information will be dealt with confidentially, not to be given to a third party and to be used exclusively for scientific reasons :

Name : Mr / Mrs / Ms _____

Organisation _____

Address _____

PIN Code : _____ Tel (O) : _____ (R) : _____ Fax: _____ Email: _____

CERS Membership No. (If any) _____

Which age group do you belong to ?

- Under 20 21 - 30 31-40
 41 - 50 51-60 Above 60

Your occupation

- Housewife Student Service
 Business Professional Retired

Monthly Income (optional) : Less than 4,000 4,000 to 10,000 10,000 to 20,000
 20,000 to 30,000 30,000 to 40,000 More than 40,000

Educational Qualifications : Undergraduate Graduate Post Graduate

