

Digital PowerTOOLS
P.O. Box 97794
Jackson, MS 39288-7794

(This identity information is optional)

Your Name: _____

Company: _____

Address: _____

City,State,Zip: _____

Telephone: _____

If you are evaluating the shareware package, where did you obtain it? _____

Are you a registered user? _____

Which Digital PowerTOOLS product are you evaluating? _____

Average hours per week you use this product: _____

Do you use other Digital PowerTOOLS products? _____

Do you plan to purchase other Digital PowerTOOLS products? _____

Would you recommend Digital PowerTOOLS products to others? _____

What is your level of Windows knowledge? _____

(beginner, intermediate, or advanced)

Rate the following on a scale of 1 to 100 (100 being the best possible):

Convenience: _____

Ease of Use: _____

Added system control: _____

Help File quality: _____

Graphics design quality: _____

Window Layouts: _____

Error Detection: _____

Suitability for Your Needs: _____

Overall Performance: _____

Other (_____): _____

Other (_____): _____

Other (_____): _____

Suggestions for Improvement:

Suggestions for Other Products to Develop:

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