SECRET SHOPPER SURVEY FORM – RETAIL STORE

Store Name _____________________________________ Address _____________________________
Day & Date of Visit ________________________________ Time of Visit _______________________
Name or Description of Store Clerk  ______________________________________________________
____________________________________________________________________________________

Store Appearance

1. Was the store’s outside appearance attractive – Did the store have curb appeal?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

2. Was the window display inviting and attractive?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

3. Did the outside appear to be clean – clear sidewalks, clean windows and doors, etc.?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

4. Was the store’s inside clean and attractive?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

5. Was the store easy to shop and well-organized?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

6. How did you feel about the overall appearance of the store?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Store Clerk

1. Were you promptly greeted?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

2. Was the greeting friendly & professional?
   Needs Imp.  1 2 3 4 5
   Good
   Excellent

3. If not immediately greeted, was the store clerk
   a. on the phone____
   b. talking with staff____
   c. on the computer____
   d. helping another customer_____ 
   e. no one present______
If the store clerk was occupied, did the store clerk let you know that he/she would be right with you? _____Yes_____No

4. Did the store clerk ask good questions to find out what you were looking for?

5. Was the store clerk knowledgeable about the merchandise?

6. Was the employee’s appearance appropriate to the nature of the store?

7. Was the checkout experience positive?

8. Did the store clerk thank you upon completion of your purchase?

9. What was your overall experience with the staff in the store?

Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Merchandise

1. How would you rate your first impression of the store?

2. Was the store merchandise arranged in an orderly & neat manner?

3. Was the merchandise fresh & inviting?

4. Was product priced and easy to read?

5. What is your overall opinion of the merchandise selection?
Merchandise (cont.)

Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Was the overall shopping experience enjoyable, leaving you with a desire to return?

Miscellaneous

1. If the merchant did not have a desired product, did he/she refer you to another Downtown Rochester merchant? _____ Yes _____ No _____ N/A

2. Were Downtown Rochester Business Directories clearly visible? _____ Yes _____ No _____ N/A

3. What was your total dollars spent? __________________________

4. Were the stores hours convenient to shop? _____ Yes _____ No

Additional Comments:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please return this form using the enclosed self-addressed, stamped envelope within (7) days of your visit. Thank you for taking the time to participate in Downtown Rochester’s Secret Shopper Program.