



SECRET SHOPPER SURVEY FORM – SERVICE BUSINESS

Business Name _____ Address _____

Day & Date of Visit _____ Time of Visit _____

Name or Description of Service Provider _____

Appearance

1. Was the outside of the business attractive –
Did the business have curb appeal?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Did the outside appear to be clean – clear sidewalks,
clean windows and doors, etc.?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. Was the business inside clean and attractive?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. How did you feel about the overall appearance of the
business?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Service Provider

1. Were you promptly greeted by the service provider?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Was the greeting friendly & professional?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. If not immediately greeted, was the service provider

- a. on the phone _____
- b. talking with staff _____
- c. on the computer _____
- d. helping another customer _____
- e. no one present _____
- f. other _____

If the service provider was occupied, did the service provider let you know that he/she
would be right with you? _____ Yes _____ No

4. Did the service provider introduce themselves?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. Did the service provider seem knowledgeable about their product and service?

1	2	3	4	5
Needs Imp.		Good		Excellent

6. Was the service provider's appearance appropriate to the nature of the business?

1	2	3	4	5
Needs Imp.		Good		Excellent

7. What was your overall experience with the customer service?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Service

1. Did your service provider focus on your needs?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Did your service provider conduct themselves in a professional manner?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. If greeted by a front desk staff, did they present themselves in a professional manner?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. Were you attended to in a timely manner when you checked out?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. At the completion of your visit, did your service provider invite you to return?

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Miscellaneous

1. If the service provider did not provide a desired service, did he/she refer you to another Downtown Rochester business? _____ 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 business hours convenient for you? _____ Yes _____ No

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.