



## 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?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Was the window display inviting and attractive?

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

4. Was the store’s inside clean and attractive?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. Was the store easy to shop and well-organized?

1	2	3	4	5
Needs Imp.		Good		Excellent

6. How did you feel about the overall appearance of the store?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

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### Store Clerk

1. Were you promptly greeted?

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 store clerk
  - a. on the phone \_\_\_\_\_
  - b. talking with staff \_\_\_\_\_
  - c. on the computer \_\_\_\_\_
  - d. helping another customer \_\_\_\_\_
  - e. no one present \_\_\_\_\_

f. other \_\_\_\_\_

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?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. Was the store clerk knowledgeable about the merchandise?

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

7. Was the checkout experience positive?

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

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### Merchandise

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

1	2	3	4	5
Needs Imp.		Good		Excellent

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

1	2	3	4	5
Needs Imp.		Good		Excellent

3. Was the merchandise fresh & inviting?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. Was product priced and easy to read?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. What is your overall opinion of the merchandise selection?

1	2	3	4	5
Needs Imp.		Good		Excellent

**Merchandise (cont.)**

Comments:

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

1	2	3	4	5
Needs Imp.		Good		Excellent

**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:

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**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.**