

GROCERY/CONVENIENCE STORE * SECRET SHOPPER EVALUATION

Location Name: _____

Date/Time of visit: _____

Name of Associate/Assistant: _____

Please rate the service you received for each of the items listed. When rating each item, use the following as your scale: 1 = Poor to 5 = Excellent

Item/Description	Rating (circle one)				
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General

- | | | | | | |
|---|---|---|---|---|---|
| 1. Curb Appeal - Does the store look inviting? | 1 | 2 | 3 | 4 | 5 |
| 2. Greeting - Were you greeted immediately? | 1 | 2 | 3 | 4 | 5 |
| 3. Approach - Was the greeting friendly? | 1 | 2 | 3 | 4 | 5 |
| 4. Observations - Was the store neat and clean? | 1 | 2 | 3 | 4 | 5 |
| 5. Are the displays maintained? | 1 | 2 | 3 | 4 | 5 |
| 6. Is it easy to locate the prices of the merchandise | 1 | 2 | 3 | 4 | 5 |

Associate

- | | | | | | |
|---|---|---|---|---|---|
| 1. Were the employees dressed in a professional manner? | 1 | 2 | 3 | 4 | 5 |
| 2. Did he/she treat you in a professional manner? | 1 | 2 | 3 | 4 | 5 |
| 3. Did he/she offer to assist you during your visit? | 1 | 2 | 3 | 4 | 5 |

Telephone

- | | | | | | |
|---|---|---|---|---|---|
| 1. Did the associate identify the store? | 1 | 2 | 3 | 4 | 5 |
| 2. Was the phone answered in a timely manner? | 1 | 2 | 3 | 4 | 5 |
| 3. Was the conversation professional and courteous? | 1 | 2 | 3 | 4 | 5 |

Customer relations

- | | | | | | |
|--|---|---|---|---|---|
| 1. Long wait to pay for your purchase? | 1 | 2 | 3 | 4 | 5 |
| 2. Was the associate proficient in using the credit? | 1 | 2 | 3 | 4 | 5 |
| 3. Card machine/cash register? | 1 | 2 | 3 | 4 | 5 |
| 4. Were you thanked for shopping? | 1 | 2 | 3 | 4 | 5 |
| 5. Were you invited to return? | 1 | 2 | 3 | 4 | 5 |

Overall Perceptions

- | | | | | | |
|------------------------------------|---|---|---|---|---|
| 1. Would you return to this store? | 1 | 2 | 3 | 4 | 5 |
| 2. Were the prices reasonable? | 1 | 2 | 3 | 4 | 5 |
| 3. Was the service good? | 1 | 2 | 3 | 4 | 5 |
| 4. Are the store hours convenient? | 1 | 2 | 3 | 4 | 5 |

Restrooms

- | | | | | | |
|---|---|---|---|---|---|
| 1. Are restroom facilities easily accessible? | 1 | 2 | 3 | 4 | 5 |
| 2. Are restrooms neat and clean? | 1 | 2 | 3 | 4 | 5 |
| 3. Are restrooms maintained often? | 1 | 2 | 3 | 4 | 5 |

If you are shopping a grocery store, fill out section A. If you are shopping a convenience store, fill out the following section B.

A - Grocery

- | | | | | | |
|---|---|---|---|---|---|
| Does the produce look fresh? | 1 | 2 | 3 | 4 | 5 |
| Are the aisles free from clutter? | 1 | 2 | 3 | 4 | 5 |
| Are the aisles clearly marked? | 1 | 2 | 3 | 4 | 5 |
| Did you see any outdated meat items? | 1 | 2 | 3 | 4 | 5 |
| How was the meat selection? | 1 | 2 | 3 | 4 | 5 |
| Did you see any expired items in the dairy aisle? | 1 | 2 | 3 | 4 | 5 |
| Did the bakery items look fresh? | 1 | 2 | 3 | 4 | 5 |
| Did the bakery have a good selection? | 1 | 2 | 3 | 4 | 5 |
| Were you able to locate advertised sale items? | 1 | 2 | 3 | 4 | 5 |

B - Convenience

- | | | | | | |
|---|---|---|---|---|---|
| Were hot foods kept at a good temperature? | 1 | 2 | 3 | 4 | 5 |
| Were hot foods marked with the time prepared? | 1 | 2 | 3 | 4 | 5 |
| Were gloves, tongs, or bakery tissues provided? | 1 | 2 | 3 | 4 | 5 |
| Were the cups and lids stocked for beverages? | 1 | 2 | 3 | 4 | 5 |
| Were the coffee pots full? | 1 | 2 | 3 | 4 | 5 |
| Were you able to locate advertised sale items? | 1 | 2 | 3 | 4 | 5 |

Total Score: _____

Your name: _____

Approximate time spent in the store: _____

Items Purchased: _____

Total Dollar Amount Spent: _____

Did you use any coupons or shop during a sale: _____

Your Attire: _____

Additional Thoughts or Comments: _____

DRAFT