

ORTHODONTIC * SECRET SHOPPER EVALUATION

Location Name: _____

Date/Time of visit: _____

Name of Associate/Assistant: _____

Rate the service that you received for each of the items based on the following scale:

1 = Poor to 5 = Excellent

Item/Description **Rating (circle one)**

Facilities

- | | | | | | |
|--------------------------------------------------------------------|---|---|---|---|---|
| 1. Was the outside appearance attractive – curb appeal? | 1 | 2 | 3 | 4 | 5 |
| 2. Did the outside appear to be clean? (sidewalks, windows, doors) | 1 | 2 | 3 | 4 | 5 |
| 3. Availability of information brochures? | 1 | 2 | 3 | 4 | 5 |
| 4. Pleasant and attractive décor? | 1 | 2 | 3 | 4 | 5 |
| 5. Pleasant and comfortable waiting area? | 1 | 2 | 3 | 4 | 5 |

1. Associates

- | | | | | | |
|----------------------------------------------------|---|---|---|---|---|
| 2. Friendly and courteous manner? | 1 | 2 | 3 | 4 | 5 |
| 3. Knowledge of services? | 1 | 2 | 3 | 4 | 5 |
| 4. Willingness to listen and respond to your need? | 1 | 2 | 3 | 4 | 5 |
| 5. Fast and efficient service? | 1 | 2 | 3 | 4 | 5 |
| 6. Recognition of you as a valued patient? | 1 | 2 | 3 | 4 | 5 |
| 7. Professional and attractive appearance? | 1 | 2 | 3 | 4 | 5 |
| 8. Wait time? | 1 | 2 | 3 | 4 | 5 |
| 9. Ease of scheduling? | 1 | 2 | 3 | 4 | 5 |
| 10. Were your questions answered? | 1 | 2 | 3 | 4 | 5 |

1. Miscellaeous

- | | | | | | |
|----------------------------------------------------|---|---|---|---|---|
| 2. Was the overall experience enjoyable? | 1 | 2 | 3 | 4 | 5 |
| 3. Were the hours convenient? | 1 | 2 | 3 | 4 | 5 |
| 4. Were the restroom facilities easily accessible? | 1 | 2 | 3 | 4 | 5 |
| 5. Were the restrooms neat and clean? | 1 | 2 | 3 | 4 | 5 |

Total Score: _____

Your name: _____

Approximate time spent: _____