

Retail Store Customer and Visitor Survey

Thank you for visiting our store today. We value your feedback to help us improve your shopping experience. Please print and complete this survey by writing your answers in the text spaces provided.

1. General Information

Date of Visit:

Time of Visit (e.g., Morning, Afternoon, Evening):

Visitor Name (Optional):

Contact Number or Email (Optional):

2. Your Visit Experience

What was the primary purpose of your visit today? (e.g., purchasing a specific item, browsing, returning an item):

Which departments or sections of the store did you visit?

Did you find the products you were looking for? (Please write Yes, No, or Partially):

If you answered No or Partially, please list the products you could not find:

3. Store Ratings

Please rate the following aspects of your visit by writing a number from 1 to 5 (1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent) in the box:

Store cleanliness and organization:

Staff friendliness and helpfulness:

Product availability and selection:

Ease of finding items in the store:

Speed of the checkout process:

Overall shopping experience:

4. Additional Feedback

What did you like most about your visit today?

What areas do you think we can improve upon?

Would you recommend our store to friends and family? (Please write Yes or No):