

Retail Checkout Experience Assessment Form

Store & Visit Information

Store Name/Location

Date of Visit

Assessor Name

Time

eg. 3:30 PM

Checkout Staff

Was the staff courteous and professional?

Yes No

Additional Comments

Checkout Efficiency

How would you rate the speed of the checkout process?

Select rating

Were there sufficient staff at checkout?

Yes No

Additional Comments

Checkout Area Cleanliness

Was the checkout area clean and well-organized?

Yes No

Additional Comments

Overall Experience

How satisfied were you with your checkout experience?

Select



Suggestions for Improvement