

# Retail Checkout Experience Assessment Form

## Store & Visit Information

Store Name/Location

Date of Visit

Assessor Name

Time

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## Checkout Staff

Was the staff courteous and professional?

☐ Yes ☐ No

Additional Comments

## Checkout Efficiency

How would you rate the speed of the checkout process?

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