

Store Layout and Ambience Feedback Sheet

Name:

Date:

Feedback Criteria

1. Store Cleanliness

Poor ☐ ☐ ☐ ☐ ☐ Excellent

2. Layout (Ease of Navigation)

Poor ☐ ☐ ☐ ☐ ☐ Excellent

3. Product Arrangement

Poor ☐ ☐ ☐ ☐ ☐ Excellent

4. Lighting and Atmosphere

Poor ☐ ☐ ☐ ☐ ☐ Excellent

5. Overall Ambience

Poor ☐ ☐ ☐ ☐ ☐ Excellent

Comments or Suggestions:

Signature:

Date: