

In-Store Shopping Feedback Questionnaire

Date of Visit

Store Location

Purpose of Visit

How would you rate your overall shopping experience?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Rate the staff service

Was the product you were looking for available?

How satisfied were you with the cleanliness of the store?

What could we improve?

Additional Comments

Email (optional)