

In-Store Shopping Feedback Questionnaire

Date of Visit

Store Location

Enter store name or address

Purpose of Visit

Select one

How would you rate your overall shopping experience?

1 2 3 4 5

Rate the staff service

Select one

Was the product you were looking for available?

Select one

How satisfied were you with the cleanliness of the store?

Select one

What could we improve?

Your suggestions

Additional Comments

Your feedback

Email (optional)

you@example.com