



# [Company Name]

[Street Address]

[City, ST ZIP Code]

# How can we improve?

Please take a moment to help us improve your experience at [Company Name]. When you're done, please drop the questionnaire in the blue box at the front of the store.

## Product Quality

How often do you come to [Company Name]?

- Every day
- 4 or 5 times a week
- 3 or fewer times a week
- First time

How would you rate our [type of products]?

- Consistent high quality
- Generally good
- Quality varies daily
- Poor quality

What do you typically purchase?

- [product 1]
- [product 2]
- [product 3]
- [product 4]
- [product 5]
- Other

How would you rate our [type of products]?

- Consistent high quality
- Generally good
- Quality varies daily
- Poor quality

## Service and Environment

How long did you wait for your order to be taken?

- Immediate service
- Less than 1 minute
- 1 to 3 minutes
- More than 3 minutes

How long did you wait for your product after ordering?

- Less than 1 minute
- 1 to 3 minutes
- 3 to 5 minutes
- More than 5 minutes

How would you rate the staff?

- Friendly and helpful
- Average
- Varies on each visit
- Poor service

Was the store clean and inviting?

- Yes
- No

## Additional Comments

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## About You (optional)

Name

Address

Phone

Email

May we add you to our mailing list, which offers news and exciting promotions?  Yes  No

***Thank you for your participation!***