

Supermarket Mystery Shopper Assessment Form

Store Information

Store Name

Store Location

Date of Visit

Time of Visit

Staff & Customer Service

Number of Staff Visible

Were you greeted upon entering?

Staff Professionalism (1 = Poor, 5 = Excellent)

☐
☐
☐
☐
☐

Comments on Service

Store Cleanliness

Was the entrance clean and tidy?

Are shelves well-stocked and organized?

Store Cleanliness Rating (1 = Poor, 5 = Excellent)

☐
☐
☐
☐
☐

Comments on Cleanliness

Checkout Experience

Number of checkouts open

Waiting time for checkout (mins)

Was the cashier polite and efficient?

Checkout Experience Rating (1 = Poor, 5 = Excellent)

☐
☐
☐
☐
☐

Comments on Checkout

Overall Impression

General comments, suggestions, or incidents observed