

Understanding why recent customers do not plan to return to a particular store, this survey addresses reasons for dissatisfaction and requests suggestions on how the store can improve.

Do you ever plan to return to this store?
○Yes ○No
Overall, please rate the quality of customer service that you received during this visit.
Overy Good
Good
○ Neutral
Poor
Overy Poor
What were the main reasons for the poor quality of customer service? Please select all that apply.
□ Not attentive enough □ Too pushy
Not knowledgeable enough
Rude
Disrespectful
Did not listen to my needs
Too slow
Other (please specify)
Did you file a formal complaint regarding the customer service?
○Yes ○No
When was this complaint filed?
Ouring the visit to the store After the visit to the store
Did anyone from the store follow-up with you about the complaint?
○Yes ○No
Would you like a store representative to contact you?
○Yes ○No
If you answered "yes" to the previous question and would like a store representative to contact you, please indicate your preferred telephone number here.

Were you satisfied with the follow-up to your complaint?
○Yes ○No
Why weren't you satisfied with the follow-up to your complaint?
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Overall, please rate the quality of the appearance of the store during this visit.
Overy Good
Good
Neutral
Poor
Overy Poor
What were the main reasons for the poor appearance of the store? Please select all that apply.
Messy/Too much clutter
Dirty
Too crowded (e.g. aisles weren't big enough)
Interior decoration was unappealing
Exterior space was unappealing
Other (please specify)
Overall, please rate the quality of the product(s)/service(s) provided by this store.
○Very Good
Good
○ Neutral
Poor
○Very Poor
What were the main reasons for the poor product(s)/service(s)?

How likely is it that you will go to another store to obtain the product(s)/service(s)?
Overy likely
◯ Somewhat likely
Neither likely nor unlikely
Somewhat unlikely
Overy unlikely
Please provide any suggestions for improving the quality of the store with respect to customer service, appearance, product/service, etc.
How many times have you visited this store location in the past?
○ None
C 1 to 2 times
C 3 to 5 times
C 6 to 10 times
C 11 or more times
What was the product(s)/service(s) you were shopping for when you visited this store? Please select all that apply.
Product/Service 1
Product/Service 2
Product/Service 3
Product/Service 4
Product/Service 5
Was this the first time you purchased the product(s)/service(s) from any store?
○Yes ○No
What is your gender?
○ Female
What is your age?
O 18 to 25
26 to 34
35 to 49
○ 50 to 64
C 65 and over

What is the highest level of education that you have achieved?			
C Less than high school d	egree		
High school degree or G	SED		
Associates degree or tra	ade school		
College degree			
Graduate school degree			
What was your household inco	me last year?		
O \$0 to \$24,999	\$100,000 to \$124,999		
\$25,000 to \$49,999	\$125,000 to \$149,999		
\$50,000 to \$74,999	\$150,000 or more		
\$75,000 to \$99,999			