PRO SHOP EXPERIENCE SURVEY

(SAMPLE ONLY)

*Please tell us what you liked, what you loved and what we can improve on.*

1. **What was the date of your visit? (dd/mm/yyyy)**
2. **What was the time of your visit?**

|  |  |  |
| --- | --- | --- |
| * 6.00am – 9.00am
 |  |  |
| * 9.01am – 12 Noon
 |  |  |
| * 12.01pm – 3.00pm
 |  |  |
| * 3.01pm – 6.00pm
 |  |  |
| * 6.01pm – 9.00pm
 |  |  |
| * 9.00pm - Close
 |  |  |

1. **How likely is it that you would recommend our pro shop to a friend or colleague?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all likely |  |  |  |  |  |  |  |  | Extremely likely |

1. **How satisfied were you with your pro shop experience?**

|  |  |  |
| --- | --- | --- |
| * Completely satisfied
 |  |  |
| * Very satisfied
 |  |  |
| * Moderately satisfied
 |  |  |
| * Slightly satisfied
 |  |  |
| * Not at all satisfied
 |  |  |

1. **How likely are you to use our pro shop again?**

|  |  |  |
| --- | --- | --- |
| * Extremely likely
 |  |  |
| * Likely
 |  |  |
| * Neither likely nor unlikely
 |  |  |
| * Unlikely
 |  |  |
| * Not at all likely
 |  |  |

1. **Please rate:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Good | Adequate | Poor | Unacceptable |
| Selection of products |  |  |  |  |  |  |
| Quality of products |  |  |  |  |  |  |
| Price |  |  |  |  |  |  |
| Staff service |  |  |  |  |  |  |

1. **What changes would most improve our pro shop?**

|  |
| --- |
|  |
|  |

1. **Gender**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Female |  |

1. **Age group**

|  |  |  |
| --- | --- | --- |
| * 5 – 12 years
 |  |  |
| * 13 – 19 years
 |  |  |
| * 20 – 29 years
 |  |  |
| * 30 – 39 years
 |  |  |
| * 40+ years
 |  |  |

*We would like to thank you for taking a few minutes to complete our survey. We really appreciate your feedback, which helps us bring you the best experience for you and your family.*