







# MYSTERY SHOPPER QUESTIONNAIRE

Thank you for assisting our practice in our journey of delivering high quality experiences to dental patients. Casting your fresh eyes over what we do will help identify areas that we can improve and therefore attain our goal of becoming the dental practice of choice in our area. We appreciate your time.

May we ask you to indicate your selection using the following symbols as your guide.

-  Left poor impression
-  Neutral
-  Added value to experience

## ELEMENT

   COMMENTS

### Prior to arrival

Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social media page/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone call to schedule appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Arrival

External signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscaping and building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

✗ Left poor impression

⊖ Neutral

✚ Added value to experience

**ELEMENT**

✗ ⊖ ✚ **COMMENTS**

**Entrance**

Welcome by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance of Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comfort in Waiting Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friendliness of Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Clinical Experience**

Welcome and guidance through to surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance of surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comfort during procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explanations by Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demeanour of Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demeanour of Assistant/Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Finalising Your Visit**

Ease of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease of making next appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demeanour of Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Follow Up**

Follow up communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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## FINAL QUESTIONS

Would you describe the overall friendliness, helpfulness and likeability of our Team was:

- Below what you expected (below satisfactory customer service)
- As you expected (satisfactory customer service)
- Surpassed your expectations (great customer service)

Was your experience with our practice such that you would return for advised treatment?

Was your experience such that you would convert to our practice as your regular dentist?

Were there any outstanding elements of your experience that we should either:

- make sure we keep
- make sure we change

Are there any further comments you wish to make?

*Thank you for sharing your observations and input.*