

# Mystery Shopper Questionnaire



**Thank you** for assisting our practice in our endeavour of delivering high quality experiences to our 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 use the following symbols to indicate your impression in the areas listed:

- ✘ Left poor impression**
- ⊖ Neutral**
- ⊕ Added value to experience**

ELEMENT	✘	⊖	⊕	COMMENTS
<b>Prior to arriving</b>				
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Media pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Telephone call to book appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Arrival</b>				
External signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Landscaping & building facade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

<b>Entrance</b>				
Welcome by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Appearance of waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Level of comfort waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Friendliness of receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Clinical Experience</b>				
Welcome & guidance through to surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Appearance of surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Comfort during procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Explanations by practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Demeanour of dental assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Finalising Your Visit</b>				
Ease of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ease of making next appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Demeanour of receptionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Follow-Up</b>				
Follow-up communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## FINAL QUESTIONS

Would you describe the overall friendliness, helpfulness and likeability of our team as:

- 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 one that you would return for any advised treatment?

Was your experience one that would convert you from your existing 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.  
It is most valuable and appreciated.***