

Please fill form as per guidelines provided during training and based on your evaluation / experience while performing the mystery shopping. Fill immediately after completion of each visit, however away from the department premises to maintain confidentiality of the exercise.

Record only from your observation and experience

BRANCH:	First Visit	BRANCH:	Wild card
Um Othainah	1 <input type="checkbox"/>	Um Othainah	1 <input type="checkbox"/>
Mecca mall	2 <input type="checkbox"/>	Mecca mall	2 <input type="checkbox"/>
Marj Al Hamam	3 <input type="checkbox"/>	Marj Al Hamam	3 <input type="checkbox"/>
Al jubiha	4 <input type="checkbox"/>	Al jubiha	4 <input type="checkbox"/>
Taj Mall	5 <input checked="" type="checkbox"/>	Taj Mall	5 <input type="checkbox"/>
Seven circle Branch	6 <input type="checkbox"/>	Seven circle Branch	6 <input type="checkbox"/>

Shopper ID No.:							Day of the week for FTF visit:		
Date of Mystery Shopping FTF Visit:	DD		MM		YY		Monday	2	<input type="checkbox"/>
	2		6		1		Tuesday	3	<input type="checkbox"/>
			1		2		Wednesday	4	<input type="checkbox"/>
			2		1		Thursday	5	<input checked="" type="checkbox"/>
			1		3		Friday	6	<input type="checkbox"/>
							Saturday	7	<input type="checkbox"/>
							Sunday	1	<input type="checkbox"/>

Timing:	
10:00 - 12:00am	1 <input type="checkbox"/>
12:01 - 14:00pm	2 <input type="checkbox"/>
14:01am- 16:00pm	3 <input type="checkbox"/>
16:01pm - 18:00	4 <input checked="" type="checkbox"/>
18:01pm TILL CLOSE	5 <input type="checkbox"/>

Time of entrance:	Hour		Minute		1	<input type="checkbox"/>	am
	1	7	0	1	2	<input checked="" type="checkbox"/>	pm
Time of exit:	Hour		Minute		1	<input type="checkbox"/>	am
	1	7	1	1	2	<input checked="" type="checkbox"/>	pm
Total Time: (Spent in the shop)	Hours		Minutes				
					1		0

Mystery Shopping Method for FTF?	
Hypothetical Shopper (Information Gathering)	1 <input checked="" type="checkbox"/>
Accompanied Interview with Real Customer	2 <input type="checkbox"/>

I declare that this exercise has been carried out strictly in accordance with your specification and has been conducted within MRS Code of Conduct.	Mystery Shoppers Signature:
	Mystery Shopper #: (07)

SECTION 1: Reception Assessment (%10)

Q1.1 Please mention the purpose of your visit to the shop:

a) Buy Sunglasses	1	✓
a) Buy Eyeglasses	2	□
b) Buy Contact Lens	3	□
c) Eye Test	4	□
d) Other, specify:	5	□

Q1.2 Record the number of customers in the shop on your arrival: No body

1	2	3	4	5	More than 5
□	□	□	□	□	□

Q1.3 Record the number of employees in the shop including the one who helped you:

1	2	3	4	5	More than 5
□	□	✓	□	□	□

Q1.4 How long did it take before a staff approached you?

RECORD "0" IF IMMEDIATELY

Minutes

Seconds

0

0

3

0

Q1.5 Can you please tell me the name of the person who greeted you? Abeer

RECORD VERBATIM

Describe the staff

Male/Female:	Age:	Height:	Color of Hair:
Length of Hair:	Any other features:		

Reception Assessment (%10)

Yes

No

N/A

If negative answer, please provide comment/explanation:

1

2

3

2	Q1.6	Were you acknowledged by the staff immediately on reaching?	✓	□	□	The wait was only 30 seconds
2	Q1.7	Were you greeted in a friendly manner?	✓	□	□	
2	Q1.8	If there was a delay were you treated in a professional manner i.e. offered a seat?	□	□	✓	
2	Q1.9	Was the counter or desk area in order (no personal belongings, mobile phones, mugs, cups etc.)	□	✓	□	There were two cups of coffee.
6	Q1.10	Did the staff suggest you to do eye examination before buying sunglasses?	□	✓	□	Did not suggest to do examination

SECTION 2: Staff Assessment – Sales Man (%25)

Q2.1 Can you please tell me the name of the person who served you? Abeer

RECORD VERBATIM

Describe the staff

Male/Female:	Age:	Height:	Color of Hair:
Length of Hair:		Any other features:	

Staff Assessment (Sales Man)			Yes	No	N/A	If negative answer, please provide comment/explanation:
			1	2	3	
2	Q2.1	Was the staff polite and courteous?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.2	Was the staff presentable and with good appearance? (Shaving, Nail polish, Clothing and shoes, lab coat, Necktie)	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.3	Was the staff eager to complete your requirement quickly; i.e. seemed helpful?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.4	Was the staff efficient when dealing with you? i.e. he/she did not chat with others, used the phone, read newspaper or did things that are not related with your query.	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.5	Did the staff understand your requirement?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.6	Was the sales man wearing a name badge?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q2.7	Were the employees enthusiastic about making sure you were satisfied?	<input type="checkbox"/>	✓	<input type="checkbox"/>	They refused to return the sunglasses
2	Q2.8	Were all employees well groomed?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
3	Q2.9	Were all employees behaving in a business-like and professional manner?	<input type="checkbox"/>	✓	<input type="checkbox"/>	When he returned the next day to re-glasses, Lina told him that she will review the management and call him tom or come tom to see Abeer. Third day another one told him this is our svstem & we cant back it.
3	Q2.10	Did the staff offer helpful and appropriate service in choosing your Contact lenses, optical/sun glasses answering questions or resolving concerns?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
3	Q2.11	Did the staff give you an appreciative closing or sincere "thank you"?	✓	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3: Shop Assessment (%20)

Shop Assessment			Yes	No	N/A	If negative answer, please provide comment/explanation:
			1	2	3	
1	Q3.1	Was the shop entrance clean?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.2	Were the outside signage's clean and sufficient?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.3	Were the environment/ exterior of the shop clean? (No paper, plastic bags, and other rubbish on the floor)	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.4	Was all the outside lighting working?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.5	Was the shop crowded?	<input type="checkbox"/>	✓	<input type="checkbox"/>	
1	Q3.6	Was the temperature adequate?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.7	Were there any unpleasant odors?	<input type="checkbox"/>	✓	<input type="checkbox"/>	
1	Q3.8	Was there place to sit in the shop?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.9	Was the sitting area clean and presentable?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q3.10	Was everything clean and presentable (internal surface, clean, display area, floors, windows, mirrors, shelves)?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.11	Was all the lighting and heating/AC working?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q3.12	Were the contact lenses, optical glasses and sunglasses shelves clear?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
2	Q3.13	Were the shelves clean and well maintained?	✓	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q3.14	Were there any posters and advertising material available?	<input type="checkbox"/>	✓	<input type="checkbox"/>	No poster
1	Q3.15	Were the posters and advertising material clean and well maintained?	<input type="checkbox"/>	✓	<input type="checkbox"/>	No poster
1	Q3.16	Well maintained exterior: Did you observe anything outside or on the exterior that obviously needed repair/fixing?	<input type="checkbox"/>	✓	<input type="checkbox"/>	
1	Q3.17	Well maintained interior: Did you observe anything inside or in the interior that obviously needed repair/fixing?	<input type="checkbox"/>	✓	<input type="checkbox"/>	

SECTION 4: eye examination room Assessment (%40)

Q4.1 How long time did it take in the eye examination room? Score (2)
 (10-20)Minutes

Minutes

Seconds

RECORD "0" IF IMMEDIATELY

0

0

0

0

Q4.2 Can you please tell me the name of the person who served you? Abeer

RECORD VERBATIM

Describe the staff

Male/Female:

Age:

Height:

Color of Hair:

Length of Hair:

Any other features:

Eye examination

Yes

No

N/A

If negative answer, please provide comment/explanation:

1

2

3

1 **Q4.3** Was everything clean and presentable in the examination room?

☐☐

✓

1 **Q4.4** Was all the lighting and heating/AC working?

☐☐

✓

1 **Q4.5** Was the temperature of the room appropriate?

☐☐

✓

1 **Q4.6** Were there any unpleasant odors?

☐☐

✓

1 **Q4.7** Were the chairs and tables clean and well maintained?

☐☐

✓

2 **Q4.8** Was the employee Clean & well groomed? (Shaving, Nail polish, Clothing and shoes, lab coat, Necktie)

☐☐

✓

2 **Q4.9** Was the staff efficient when dealing with you? i.e. they did not chat with others, used the phone, read newspaper or did things that are not related with your querv.

☐☐

✓

2 **Q4.10** Did the examiner ask you about your medical history?

☐☐

✓

2 **Q4.11** Did the examiner ask you about the reason for your visit?

☐☐

✓

2	Q4.12	Did the examiner ask General Information (name, age, profession and telephone number)?	<input type="checkbox"/>	<input type="checkbox"/>	✓	Lina asked
2	Q4.13	Did the examiner use hand sanitizer (Higeen)?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.14	Did the examiner change tissue or using alcohol before the examination?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.15	Was the examiner wearing a name badge?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
1	Q4.16	Was the examiner friendly?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
1	Q4.17	Was the examination chair clean and well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.18	Did the examiner use the retinoscope?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.19	Did the examiner use the cross cylinder?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.20	Did the examiner use the duochrome test?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
1	Q4.21	Was the examiner keen to identify your needs?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.22	Did the examiner give you a solution or recommendation for your problem?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.23	Did the examiner advise what lenses you will need to purchase before leaving the exam room?	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.24	How did the examiner hand you over to the sales person? did he give a briefing about your needs	<input type="checkbox"/>	<input type="checkbox"/>	✓	
2	Q4.25	Was the examiner careful to follow up on what has been chosen with the sales man?	<input type="checkbox"/>	<input type="checkbox"/>	✓	

SECTION 5: Customer Service (%5)

Customer Service			Yes	No	N/A	If negative answer, please provide comment/explanation:
			1	2	3	
2	Q5.1	Have you got a coupon after your purchase?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Q5.2	On the same day, did you get a text message on your mobile?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	Q5.3	Has any one of the customer service contact you later?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Q5.4	Is Return process has run smoothly during the 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION 6: Mystery Shopper Feedback / Suggestions

Q6.1 On a scale of 10 points would you recommend any of your relatives to visit this branch again?

1 <input type="checkbox"/> Very Dissatisfied	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/> Most Satisfied
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Q6.2 How could this shop improve? Please list suggestions

Nothing

Q6.3 Please write your comments/suggestions below:

The third employee (male) was not nice....

Summary	Total	Actual Count
Reception Section	14	06
Staff Section	25	20
Shop Section	20	18
Eye Examination Section	40	00
Service Section	5	1
Total	64	45
Final Total		70