

# Mystery Guest Survey Template

Use this template to record an unbiased 'mystery guest' visit and assess real-world customer experience. Score each item from 1 (Very Poor) to 5 (Excellent). Mark N/A where an item does not apply. Include narrative notes to capture context and specifics.

## Visit Details

Business Name:

Address / Location:

Date & Time of Visit:

Mystery Guest Initials:

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

## A. Pre-Visit (Website & Enquiry)

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Website easy to find via Google (business name + location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening hours, pricing, and key info clear and up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone answered promptly (within 3 rings) or callback offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email / web enquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

acknowledged within stated timeframe					
Directions, parking & accessibility information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## B. Arrival & First Impressions

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
External signage clear and welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance & surroundings clean and well-presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeted within 10 seconds of entering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff appearance professional (name badges if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queue management effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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### C. Service Interaction

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Staff friendly, attentive and make eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening and empathy shown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ownership taken to resolve queries/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product/service knowledge demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate recommendations/upsell without pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed of service appropriate for venue type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## D. Environment & Facilities

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Venue clean (floors, tables, counters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets clean, stocked and in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility considered (step-free, seating, signage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambience appropriate (lighting, temperature, noise/music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and maintenance standards met (trip hazards, clutter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## E. Transaction & Payment

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Prices visible and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill/receipt correct first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of payment options available (card/contact less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff explain offers/loyalty without being pushy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear 'thank you' and invitation to return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## F. Complaint Handling (if applicable)

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Issue acknowledged promptly with a sincere apology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause investigated without blame or defensiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical solution offered with clear timeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer kept informed during any wait/escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome confirmed and appreciation expressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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### G. Aftercare & Follow-Up

**Scoring Key:** 1 = Very Poor, 2 = Poor, 3 = Okay, 4 = Good, 5 = Excellent, N/A = Not Applicable

Criteria	1	2	3	4	5 / N/A
Receipt or confirmation email offered where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback/review invitation provided (QR code or link)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff mention loyalty scheme or return incentive appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear contact details for follow-up provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

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## H. Overall Assessment

Overall Score (average of sections): \_\_\_\_\_ / 5

**Net Promoter Score (NPS):** How likely are you to recommend this business to a friend? 0–10:

Reason for score:

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## I. Highlights & Opportunities

Top 3 things done well:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Top 3 improvements to prioritise:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## J. Compliance & Observations

Age-restricted sales checks (if relevant):  Pass  Fail  N/A

Health & Safety concerns observed: \_\_\_\_\_

Safeguarding/incident notes (if any): \_\_\_\_\_

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