

SECRET SHOPPING ON-DEMAND™

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**Spa
Performance Evaluation**

Business Name: [pick](#) Location Name: Address: Telephone:

Date of Visit: [pick](#) Time of Visit: [pick](#) Traffic: [Choose one]

Month: [Choose one] Quarter: Year: [Choose one]

Telephone:**Telephone Associate's
name:****Facility:****Reception Staff:****Therapist:****Therapist's Name:****The Bottom Line:**Desc Exp: Desc Therapist: Return: Rec: **VISIT TOTAL:**Shopper
Name: Shopper
Ranking: [Choose one] Link: Jr. Editor: Jr. Status: [Choose one] Jr. Completion Date: [pick](#)Sr. Editor: Sr. Status: [Choose one] Sr. Completion Date: [pick](#)QC: QC Date: [pick](#) 48 Hr Date: [pick](#) 48 Hr Comment:

Deduct:	Deduct Explain:	Purchase Amt:	Reimburse Amt:
Jr. Fee:	Sr. Fee:	PM Fee:	
Jr. Rank:	Sr. Rank:		

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SCORING CRITERIA

10=ABOVE AVERAGE, 5=AVERAGE, 0=BELOW AVERAGE

Yes = 10, No = 0

Yes = 5, No = 0

N/A = Both the actual and the possible points are thrown out, so as not to adversely affect the total score

ATTACHMENTS

Business Card: Please scan your business card / proof of visit and attach it here, or you may fax it to the number provided in the Shopper Directions. Print your name and the day, date and time of shop on it. Please write legibly and label it properly. Thank you!

Shopper Scenario:

Please describe the scenario you presented:

TELEPHONE

This section includes questions about your telephone experience when you called to make an appointment.

TE

Telephone Associate's Name (if given):

1. URGENCY: Was your call answered promptly? (Please choose the number of rings.)
2. GREETING: Did the telephone associate answer professionally? NA Yes
3. HOLD: If you were ever put on hold:
 - A. Did the telephone associate ask your permission before putting you on hold? NA Yes
 - B. Did he/she check back with you periodically (if the hold time was lengthy)? NA Yes
 - C. Did you feel the hold time was for an appropriate amount of time? NA Yes
4. APPRECIATION: Did the telephone associate express sincere appreciation for your call? NA Yes
5. IMPRESSION: Based solely upon your interaction with this telephone associate, did you form a favorable impression of this spa? NA Yes

Please explain your answers to all parts of each question in this section:

FACILITY

This section includes questions about the spa's exterior and interior areas.

Exterior

1. PARKING: Was there adequate parking and was the lot safe and well maintained? [Choose one]
 SHOPPER: Award 10 points if all the above conditions existed, 7 points if any two conditions existed, 4 points if any one condition existed and 0 points if none of the above conditions existed.
2. BUILDING: Was the building in good repair? NA Yes
3. SIGNAGE: Did the exterior signage look professional and appealing? NA Yes
4. LANDSCAPING: If landscaping was visible, was it well kept, and did it beautify the location? NA Yes

Please explain your answers to each question in this section:

Interior

1. ENTRANCE: When you went inside the spa, was the entrance/foyer organized and tidy? NA Yes
2. FLOORS: Were the floors swept or vacuumed? NA Yes
3. SURFACES: Were the surfaces of all counters and shelves clean, organized and dust-free? NA Yes
4. EQUIPMENT: Did the equipment seem clean and sanitary? NA Yes
5. MUSIC: If music was playing, was it appropriate for the environment and tuned to a suitable volume? NA Yes

Please explain your answers to each question in this section:

RECEPTION STAFF

This section evaluates the reception staff at the spa.

RS

1. URGENCY: Upon your arrival, did the reception staff acknowledge you promptly? NA Yes
2. GREETING: Did the reception staff greet you in a manner that set up the experience as comfortable, soothing and service-oriented? NA Yes
3. BARRIER: Did a receptionist step out from behind any barrier (i.e., desk, table, etc.) when speaking with you? NA Yes
4. WAIT: If the therapist was not immediately available, was your wait handled in a professional manner? NA Yes
 SHOPPER: For example, a receptionist might offer you a beverage, make sure you are seated comfortably let you know how long the wait would be, etc.
5. RAPPORT: Did the reception staff converse with you during your wait and attempt to build a connection with you? NA Yes

Please explain your answers to the questions above:

6. PROFILE: Did a member of the reception staff:
- A. Give you a personal profile to complete? NA Yes |
- B. If applicable, were they helpful in answering any questions you had about the profile? NA Yes |
7. APPOINTMENT: At the end of your visit, did a receptionist attempt to schedule your next appointment? NA Yes |
8. PRODUCTS: When you looked at retail products in the spa, did the reception staff attempt to assist you by offering guidance or education? NA Yes |

Please explain your answers to all parts of the questions above:

9. PAYMENT: Was your payment handled efficiently and courteously? NA Yes |
10. APPRECIATION: Were you thanked as you left the spa? NA Yes |
11. IMPRESSION: Based solely on your interaction with the reception staff, did you form a favorable opinion of this spa? NA Yes |

Please explain your answers to the questions above:

THERAPIST

This section evaluates the therapist who worked with you at the spa.

TH

Therapist's Name:

Therapist's Description:

A. Gender:

B. Height:

C. Hair Length:

D. Hair Color:

E. Glasses? NA Yes |

F. Other Descriptor:

1. TIMELINESS: Was the therapist on time for the appointment? NA Yes |
2. GREETING: Did the therapist greet you in a way that set a comfortable, soothing, service-oriented atmosphere? NA Yes |
3. APPEARANCE:
- A. Did the therapist practice good personal hygiene? NA Yes |
- B. Did the therapist's apparel fit the spa's atmosphere? NA Yes |
- C. Were you comfortable with the therapist's appearance? NA Yes |

Please explain your answers to all parts of the questions above:

4. CONCERN: Did the therapist:

A. Give you an opportunity to talk about your individual needs? NA Yes |

B. Listen to your answers? NA Yes |

C. Show sincerity and concern for your issues? NA Yes |

5. SERVICE:

A. What service did you receive?

C. Did you think the service was a value? NA Yes |

B. How would you rate the therapist's skill in delivering the service?

Please explain your answers to all parts of the questions above:

6. SUGGESTIVE SELL: Did the therapist "softly" suggest products that might be helpful to you? NA Yes |

7. EDUCATE:

A. Did the therapist educate you about products, procedures, services, etc., during your visit? NA Yes |

B. If so, was this information helpful to you? NA Yes |

8. APPRECIATION: Did the therapist thank you for coming in? NA Yes |

Please explain your answers to all parts of the questions above:

BOTTOM LINE

The Bottom Line is a qualitative category which sums up the customer's experience.

BL

1. Choose one word to describe your experience at this spa:

2. Choose one word to describe your therapist:

3. Would you return to this spa? NA Yes |

4. Would you recommend this spa to a friend? NA Yes |

5. What would have made this experience better?

Additional Comments and Narrative

We have only asked specific service-oriented questions on this shop. If you have any additional information concerning this visit, you may tell us below. It can be on anything the client/partner would want to know to assist them in maintaining the best service in the industry.

	▣
	▣

Shopper

- Since you are judging someone else's performance in this report, how was your performance?
- Did you do the best job you are capable of doing?
- Would you be proud to sign your name to this job, as an example of your workmanship?
- If you have any questions, concerning making this shop the best, please e-mail your question / concern qualitycontrol@aboutfacecorp.com.
- Before you hit SUBMIT, please make this your best, most descriptive work. Our clients deserve it, and y deserve to be paid our highest performance pay on every project.

Internal Information

1. Wow - Choose YES if the service at this location stood out as so exemplary that someone high-up must be told about it. [Choose]

Briefly describe why here:

	▣
	▣

2. Risk - Check this box if something so off the wall happened that someone high-up must be told about it. [Choose]

Briefly describe why here:

	▣
	▣

3. Unusual Circumstances - Check this box if something odd happened with scheduling that needs to be understood by the AboutFace team: [Choose]

Briefly describe why here:

	▣
	▣

A. Scheduling: [Choose]

B. Payments: [Choose]

i. Bonus Pay? \$

ii. Payment Split: [Choose]

1. How Much? \$

2. With Whom?

a. Shopper's Name:

b. Shopper's Email:

iii. Deduction: \$

Briefly describe why here:

	▣
	▣

iv. Typing: [Choose one]

a. Typist's Initials:

C. Editing:

[Choose]

Briefly explain why here.