

SECRET SHOPPER LIST

The numbered scale goes from lowest score (1) to highest (5).

Church Name: _____

Date of service attended: _____ Time of service: _____

Pre-Service Outside:

Appearance and availability of parking: 1 2 3 4 5

Visitor parking provided: Yes No Visitor parking full: Yes No

How long a walk from nearest open spot to building entrance: _____

Cleanliness and appearance of exterior: 1 2 3 4 5

Pre-Service Inside:

How long before someone greeted you: _____

Friendliness of greeters: 1 2 3 4 5 Helpfulness of greeters 1 2 3 4 5

Notes on greeters: (i.e., introductions, walked family to the nursery and introduced nursery worker, etc.)

Informational signage: 1 2 3 4 5 Bulletin spelling, grammar, readability, presentation: 1 2 3 4 5

Visitor packet: Yes No Usefulness of material: 1 2 3 4 5

Cleanliness of reception area: 1 2 3 4 5 Restrooms: 1 2 3 4 5 Sanctuary: 1 2 3 4 5

Service:

How full was the Sanctuary: (percentage) _____

Seating comfort: 1 2 3 4 5 Temperature: 1 2 3 4 5 Worship volume 1 2 3 4 5

Music quality: 1 2 3 4 5 Singing quality: 1 2 3 4 5 Hymnal or PowerPoint use: 1 2 3 4 5

Did the service invite you to worship: Yes No Comments: _____

Were there distractions during the service: Yes No Comments: _____

Sermon Length: _____ Sermon quality: 1 2 3 4 5 Effectiveness of sermon delivery: 1 2 3 4 5

How many prayers during service: _____ Did prayers invite a connection with God: 1 2 3 4 5

Post Service:

Were you greeted after the service: Yes No Were you invited to return to church: Yes No

If you lived nearby, how likely would you be to make this your church home: 1 2 3 4 5

Did the service affirm your faith: 1 2 3 4 5

What feature of this experience will you most remember next week: _____

General comments: _____
