



**OMB NO. 0702-0130, OMB APPROVAL EXPIRES xxx xx, xxxx**

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**INSTRUCTION:** Please think about your last shopping experience at an Exchange facility when answering the questions on the survey. Questions are optional. To start survey, click the Next button below. When complete, please press submit.

Next



\* What is your **overall satisfaction** with shopping at this Exchange facility?

1	2	3	4	5	6	7	8	9	10
Very Dissatisfied					Very Satisfied				

Next



\* Please rate whether the merchandise you wanted was in stock.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Strongly Disagree										Strongly Agree

Next



\* Please rate the value of the merchandise for its price.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Very Low Value										Very High Value

Next



\* Please rate the cleanliness of the facility.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Not At All Clean										Very Clean

Next



\* Please rate your experience with our checkout.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Poor										Excellent

Next



\* Please rate the availability of our store associates.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Poor										Excellent

Next



\* Please rate our associate friendliness.

1	2	3	4	5	6	7	8	9	10	Not Applicable
Poor										Excellent

Next



Do you have any additional comments or suggestions? Please do not include any Personal Identifiable Information (PII).

Type your answer here...

1024 Characters Remaining

Submit

DRAFT