

# Yukon Liquor Corporation

## Whitehorse Liquor Store Survey

Autumn 2006

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### Store Exterior

Poor Fair Good Excellent

1. Overall, how would you rate:

a) the outside of the store

b) the parking

2. Do you have any concerns or suggestions about security?

Yes → (Specify) \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_

3. Do you have any other comments about the outside of the store?

Yes → (Specify) \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_

### Customer Service

Poor Fair Good Excellent

4. Is the customer service you received at this store?

5. Did the staff offer to help you?  Yes  No

↓ (If yes, answer question 5.1)

5.1 Was the information useful?  Yes  No

6. Did you want the staff to help you?  Yes  No

7. Was the staff friendly and courteous?  Yes  No

8. Do you have any other comments about the customer service?

Yes → (Specify) \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_

### Store Interior

9. Overall, how would you rate?

Poor Fair Good Excellent

a) the inside of the store

b) the layout of the store

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10. Can you easily find the products you are looking for?  Yes  No

11. If the product you wanted was out of stock, what options did the staff offer you?  
(mark all that apply)

- let you know when new stock would be in
- offered to get the stock from another Yukon liquor store
- told you about an alternate product
- didn't offer any options
- not applicable

12. If we do not normally carry the product you want, does the staff explain the special order process to you?  Yes  No

13. Please indicate your preference of how you would like wine grouped. (1, 2, other)

- \_\_\_ Colour
- \_\_\_ Country
- \_\_\_ Other (specify) \_\_\_\_\_

14. Do you have any other comments about the interior of the store?

- Yes → (Specify) \_\_\_\_\_
- No \_\_\_\_\_

### Products

15. Overall, what is your opinion of the range of products we have? Poor Fair Good Excellent

Never Sometimes Most of the time Always

16. Do we carry the products you want?

17. What other products should we carry?

\_\_\_\_\_  
\_\_\_\_\_

Never Sometimes Most of the time Always

18. When you visit this liquor store, do you generally know in advance what you are going to buy?

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**19. Do any of the following influence what you buy?**

Will buy in addition to regular purchase      Will buy instead of regular purchase      No

- a) "on-packs" (inexpensive free products attached to bottles – 50 ml bottle, wine stoppers, etc.)
- b) in-store tasting
- c) store displays
- d) "feature products"
- e) information on the product (e.g. what it tastes like, how to use it, recipes, food pairing ideas)
- f) advice from store staff

**20. What else influences what you buy? (mark all that apply)**

- TV or radio advertising
- magazine articles
- familiar products
- trying products elsewhere (*with friends', at bars and/or restaurant, at wine festival, etc.*)
- other (*specify*) \_\_\_\_\_

**21. Would you like to have more information in the store about the products we carry?**  
(e.g. drink recipes, pairing suggestions for wine)

- Yes → (*Specify*) \_\_\_\_\_
- No \_\_\_\_\_

**22. Do you have any other comments about the products?**

- Yes → (*Specify*) \_\_\_\_\_
- No \_\_\_\_\_

### Website

**23. Do you know about our website?**

No (Go to question 24)

Yes → **23.1 Do you visit it?**

No      Yes

→ **23.2 For what purpose? (specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Questions about You:

24. Do you live in the Yukon?  Yes  No (If No, go to 25)



24.1 Where do you normally buy your liquor products?

- this store
- off-sales
- other (*specify*) \_\_\_\_\_

24.2 How often do you visit this store?

- seldom (3-4 times per year)                      2-3 times per month
- once per month    2-3 times per week
- once per week

24.3 How much do you normally spend each time at this store?

- Under \$ 20                      \$ 61 - \$ 80
- \$ 21 - \$ 40                      \$ 80 +
- \$ 41 - \$ 60

25. If there was one thing that would make a big difference to you so that you would enjoy shopping here more, what would it be?

\_\_\_\_\_  
\_\_\_\_\_

26. Is there anything else you would like to tell us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Gender (optional)                      Male                      Female

28. Is your age (optional) . . .     < 30     30 to 55    55 +

**Thank You for your time.**

**Please fill in the following ballot if you would like to be entered into our draw for some unique non-alcoholic prizes.**

**All personal information will be kept in strictest confidence.**

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_