**Questionnaire Range or List** <All> <All> **Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Type Min Max Weight Value Possible Answer Text Score Score Name: April Demo Questionaire 1 0 3 **Group 1 Test** Text: Did the agent use the correct company greeting? True/False 0 0 Yes 1 0 No Text: Did the agent qualify the customer using the CLASSIC sales technique? True/False Yes 1 0 No Text: Did the agent complete the notes on the account as required and to the expected standard? Multiple Choice 0 3 3 Excellent notes and detail 2 As expected Below expectation 1 No notes 0 Text: Did the agent complete all follow up work for the call? True/False Yes No 0

Name: Brand Loyalty SmartFriend Perfomance

0 500

**Problem Resolution Time** 

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

| Questionnaire                              |     |              | Question               |     |     |        |                      |                          |
|--|-----|--------------|------------------------|-----|-----|--------|----------------------|--------------------------|
| Mi<br>Sco                                  |     | Max<br>Score | Туре                   | Min | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : Brand Loyalty SmartFriend Perfomanc | e   |              |                        |     |     |        |                      |                          |
| 0  |     | 500          |                        |     |     |        |                      |                          |
|  |     |              | Text : Knowledge Tools |     |     |        |                      |                          |
|  |     |              | Multiple Choice        | 0   | 1   | 20     |                      |                          |
|  |     |              |                        |     |     |        | Very Effective       | 1                        |
|  |     |              |                        |     |     |        | Effective            | 0                        |
|  |     |              |                        |     |     |        | Somewhat Effective   | 0                        |
|  |     |              |                        |     |     |        | Not very effective   | 0                        |
|  |     |              |                        |     |     |        | Not effective        | 0                        |
|  |     |              | Text : CRM Utilization |     |     |        |                      |                          |
|  |     |              | Multiple Choice        | 0   | 1   | 20     |                      |                          |
|  |     |              |                        |     |     |        | Excellent            | 1                        |
|  |     |              |                        |     |     |        | Good                 | 0                        |
|  |     |              |                        |     |     |        | Effective            | 0                        |
|  |     |              |                        |     |     |        | Poor                 | 0                        |
|  |     |              | Text : All Tools       |     |     |        |                      |                          |
|  |     |              | True/False             | 0   | 1   | 20     |                      |                          |
|  |     |              |                        |     |     |        | No                   | 0                        |
|  |     |              |                        |     |     |        | Yes                  | 1                        |
| First Response Rate                        | 84% |              |                        |     |     |        |                      |                          |
|  |     |              | Text : Identify Reason |     |     |        |                      |                          |
|  |     |              | True/False             | 0   | 1   | 20     |                      |                          |
|  |     |              |                        |     |     |        | No                   | 0                        |

Yes

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

| Questionnaire                        |              |              | Question                |              |     |        |                               |                          |
|--------------------------------------|--------------|--------------|-------------------------|--------------|-----|--------|-------------------------------|--------------------------|
|                                      | Min<br>Score | Max<br>Score | Туре                    | Min          | Max | Weight | Possible Answer Text          | Possible Answer<br>Value |
| Name : Brand Loyalty SmartFriend Per | fomance      |              |                         |              |     |        |                               |                          |
|                                      | 0            | 500          |                         |              |     |        |                               |                          |
|                                      |              |              | Text : Interaction Ler  | ngth of Time |     |        |                               |                          |
|                                      |              |              | Multiple Choice         | 0            | 8   | 20     |                               |                          |
|                                      |              |              |                         |              |     |        | Under 15 Minutes              | 1                        |
|                                      |              |              |                         |              |     |        | Between 15-25 Minutes         | 8                        |
|                                      |              |              |                         |              |     |        | Between 25 - 35 Minutes       | 6                        |
|                                      |              |              |                         |              |     |        | Between 35 - 60 Mintues       | 4                        |
|                                      |              |              |                         |              |     |        | Greater than an hour          | 0                        |
|                                      |              |              | Text : Resolution       |              |     |        |                               |                          |
|                                      |              |              | Multiple Choice         | 0            | 1   | 20     |                               |                          |
|                                      |              |              |                         |              |     |        | Yes completely                | 1                        |
|                                      |              |              |                         |              |     |        | Yes, but requiring a callback | 0                        |
|                                      |              |              |                         |              |     |        | No, but has a callback        | 0                        |
|                                      |              |              |                         |              |     |        | No, normal disconnect         | 0                        |
|                                      |              |              |                         |              |     |        | No, abrupt disconnect         | 0                        |
| Customer Ex                          | cperience Ra | ting         |                         |              |     |        |                               |                          |
|                                      |              |              | Text : Ask if Satisfied | i            |     |        |                               |                          |
|                                      |              |              | True/False              | 0            | 1   | 20     |                               |                          |
|                                      |              |              |                         |              |     |        | No                            | 0                        |
|                                      |              |              |                         |              |     |        | Yes                           | 1                        |
|                                      |              |              | Text : Talk Over        |              |     |        |                               |                          |
|                                      |              |              | True/False              | 0            | 1   | 20     |                               |                          |
|                                      |              |              |                         |              |     |        | No                            | 1                        |
|                                      |              |              |                         |              |     |        | Yes                           | 0                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Quootioiiiano                        |              |               | Quodion                 |     |     |        |                      |                          |
|--------------------------------------|--------------|---------------|-------------------------|-----|-----|--------|----------------------|--------------------------|
|                                      | Min<br>Score | Max<br>Score  | Туре                    | Min | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : Brand Loyalty SmartFriend Per | fomance      |               |                         |     |     |        |                      |                          |
|                                      | 0            | 500           |                         |     |     |        |                      |                          |
|                                      |              |               | Text : Customer Effor   | t   |     |        |                      |                          |
|                                      |              |               | Multiple Choice         | 0   | 1   | 20     |                      |                          |
|                                      |              |               |                         |     |     |        | Very High            | 0                        |
|                                      |              |               |                         |     |     |        | High                 | 1                        |
|                                      |              |               |                         |     |     |        | Normal               | 0                        |
|                                      |              |               |                         |     |     |        | Low                  | 0                        |
|                                      |              |               |                         |     |     |        | Very Low             | 0                        |
|                                      |              |               | Text : Brand Promise    |     |     |        |                      |                          |
|                                      |              |               | True/False              | 0   | 1   | 20     |                      |                          |
|                                      |              |               |                         |     |     |        | Yes                  | 1                        |
|                                      |              |               |                         |     |     |        | No                   | 0                        |
| Did the Cust                         | omer Get Wh  | nat They Came |                         |     |     |        |                      |                          |
|                                      |              |               | Text : Transfer         |     |     |        |                      |                          |
|                                      |              |               | True/False              | 0   | 1   | 20     |                      | ,                        |
|                                      |              |               |                         |     |     |        | No                   | 1                        |
|                                      |              |               |                         |     |     |        | Yes                  | 0                        |
|                                      |              |               | Text : Callback         |     |     |        |                      |                          |
|                                      |              |               | True/False              | 0   | 1   | 20     |                      |                          |
|                                      |              |               |                         |     |     |        | No                   | 1                        |
|                                      |              |               |                         |     |     |        | Yes                  | 0                        |
|                                      |              |               | Text : Intent to Contir | nue |     |        |                      |                          |
|                                      |              |               | True/False              | 0   | 1   | 20     |                      |                          |
|                                      |              |               |                         |     |     |        |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire                          |              |              | Question                  |     |     |        |                                       |                          |
|--|--------------|--------------|---------------------------|-----|-----|--------|---------------------------------------|--------------------------|
|  | Min<br>Score | Max<br>Score | Туре                      | Min | Max | Weight | Possible Answer Text                  | Possible Answer<br>Value |
| Name : Brand Loyalty SmartFriend Perfo | mance        |              |                           |     |     |        |                                       |                          |
|  | 0            | 500          |                           |     |     |        |                                       |                          |
|  |              |              | Text : Intent to Continue | е   |     |        |                                       |                          |
|  |              |              | True/False                | 0   | 1   | 20     |                                       |                          |
|  |              |              |                           |     |     |        | Yes                                   | 1                        |
|  |              |              |                           |     |     |        | No                                    | 0                        |
| Identify Upsell                        | Opportuni    | ties         |                           |     |     |        |                                       |                          |
|  |              |              | Text : Upsell Approach    |     |     |        |                                       |                          |
|  |              |              | Multiple Choice           | 0   | 1   | 20     |                                       |                          |
|  |              |              |                           |     |     |        | Jovial                                | 1                        |
|  |              |              |                           |     |     |        | Failed to identify Upsell opportunity | 0                        |
|  |              |              |                           |     |     |        | Didn't Attempt the Upsell             | 0                        |
|  |              |              |                           |     |     |        | Casual                                | 0                        |
|  |              |              |                           |     |     |        | Agressive                             | 0                        |
|  |              |              | Text : Specific Service   |     |     |        |                                       |                          |
|  |              |              | True/False                | 0   | 1   | 20     |                                       |                          |
|  |              |              |                           |     |     |        | No                                    | 0                        |
|  |              |              |                           |     |     |        | Yes                                   | 1                        |
|  |              |              | Text : Promotional Offe   | r   |     |        |                                       |                          |
|  |              |              | True/False                | 0   | 1   | 20     |                                       |                          |
|  |              |              |                           |     |     |        | No                                    | 0                        |
|  |              |              |                           |     |     |        | Yes                                   | 1                        |
|  |              |              | Text : More Information   |     |     |        |                                       |                          |
|  |              |              | True/False                | 0   | 1   | 20     |                                       |                          |
|  |              |              |                           |     |     |        |                                       |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

|                                     | Min<br>Score | Max<br>Score | Туре                                       | Min | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
|-------------------------------------|--------------|--------------|--|-----|-----|--------|----------------------|--------------------------|
| Name : Brand Loyalty SmartFriend Pe | rfomance     |              |  |     |     |        |                      |                          |
|                                     | 0            | 500          |  |     |     |        |                      |                          |
|                                     |              |              | Text : More Information                    | 1   |     |        |                      |                          |
|                                     |              |              | True/False                                 | 0   | 1   | 20     |                      |                          |
|                                     |              |              |  |     |     |        | No                   | 0                        |
|                                     |              |              |  |     |     |        | Yes                  | 1                        |
|                                     |              |              | Text : Social Media                        |     |     |        |                      |                          |
|                                     |              |              | True/False                                 | 0   | 1   | 20     |                      |                          |
|                                     |              |              |  |     |     |        | No                   | 0                        |
|                                     |              |              |  |     |     |        | Yes                  | 1                        |
| Quality Man                         | ager Comme   | nts          |  |     |     |        |                      |                          |
|                                     |              |              | Text : Comments                            |     |     |        |                      |                          |
|                                     |              |              | Free<br>Text(non-scorin                    | 0   | 0   | 0      |                      |                          |
|                                     |              |              | g)   |     |     |        |                      |                          |
|                                     |              |              |  |     |     |        |                      | 0                        |
| Name : BroadLeaf1                   |              |              |  |     |     |        |                      |                          |
|                                     | 0            | 2            |  |     |     |        |                      |                          |
|                                     |              |              | Text : 00000000000000000000000000000000000 |     |     |        |                      |                          |
|                                     |              |              |  |     | 4   | •      |                      |                          |
|                                     |              |              | True/False                                 | 0   | 1   | 0      | Yes                  | 1                        |
|                                     |              |              |  |     |     |        | No                   | 0                        |
|                                     |              |              |  |     |     |        |                      | Ü                        |
|                                     |              |              | Text: 000000000000000000000000000000000000 |     |     |        |                      |                          |
|                                     |              |              | Numeric                                    | 0   | 3   | 0      |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

| _   |       |   |    |     |
|-----|-------|---|----|-----|
| ()ı | ıesti | n | ทล | ire |

|                        |              | Min<br>Score | Max<br>Score | Туре                     | Min           | Max          | Weight | Possible Answer Text | Possible Answer<br>Value |
|------------------------|--------------|--------------|--------------|--------------------------|---------------|--------------|--------|----------------------|--------------------------|
| Name : BroadLeaf1      |              |              |              |                          |               |              |        |                      |                          |
|                        |              | 0            | 2            |                          |               |              |        |                      |                          |
|                        |              |              |              | Text : 00000000000       | 1000000       |              |        |                      |                          |
|                        |              |              |              | Numeric                  | 0             | 3            | 0      |                      |                          |
|                        |              |              |              |                          |               |              |        |                      | 0                        |
| Name : Chat Questional | re           |              |              |                          |               |              |        |                      |                          |
|                        |              | 0            | 1            |                          |               |              |        |                      |                          |
|                        | Group 1      |              |              |                          |               |              |        |                      |                          |
|                        |              |              |              | Text : Welcome Caller?   | •             |              |        |                      |                          |
|                        |              |              |              | True/False               | 0             | 1            | 1      |                      |                          |
|                        |              |              |              |                          |               |              |        | No                   | 0                        |
|                        |              |              |              |                          |               |              |        | Yes                  | 1                        |
|                        | Group 3      |              |              |                          |               |              |        |                      |                          |
|                        |              |              |              | Text : What is the Chat  |               |              |        |                      |                          |
|                        |              |              |              | Free<br>Text(non-scorin  | 0             | 0            | 0      |                      |                          |
|                        |              |              |              | g)                       |               |              |        |                      | 0                        |
| N                      | 0.14         |              |              |                          |               |              |        |                      | U                        |
| Name : Copy of Heart & | Soul4        | 0            | 100          |                          |               |              |        |                      |                          |
|                        | Taking Owner |              |              |                          |               |              |        |                      |                          |
|                        | Ū            | •            | ,            | Text : Did the agent tak | e ownership o | of the call? | ,      |                      |                          |
|                        |              |              |              | Multiple Choice          | 0             | 20           | 1      |                      |                          |
|                        |              |              |              |                          |               |              |        | Does Not Meet        | 0                        |
|                        |              |              |              |                          |               |              |        | Meets                | 20                       |
|                        | Make it Memo | rable        |              |                          |               |              |        |                      |                          |

Questionnaire Range or List <All>
Questionnaire Group Name Range or List :

| Q |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |

| Questionnaire          |                  |              |                 | Question               |               |                |                 |                               |                          |
|------------------------|------------------|--------------|-----------------|------------------------|---------------|----------------|-----------------|-------------------------------|--------------------------|
|                        |                  | Min<br>Score | Max<br>Score    | Туре                   | Min           | Max            | Weight          | Possible Answer Text          | Possible Answer<br>Value |
| Name : Copy of Heart & | Soul4            |              |                 |                        |               |                |                 |                               |                          |
|                        |                  | 0            | 100             |                        |               |                |                 |                               |                          |
|                        |                  |              |                 |                        |               |                |                 |                               |                          |
|                        |                  |              |                 | was obtained from D    |               |                |                 | ation around information that |                          |
|                        |                  |              |                 | Multiple Choice        | 0             | 20             | 1               | •                             |                          |
|                        |                  |              |                 |                        |               |                |                 | Meets                         | 20                       |
|                        |                  |              |                 |                        |               |                |                 | Do Not Use                    | 0                        |
|                        | First Impression | n            |                 |                        |               |                |                 |                               |                          |
|                        |                  |              |                 | Text : Did the agent   | greet the Own | er and offer a | assistance?     |                               |                          |
|                        |                  |              |                 | Multiple Choice        | 0             | 10             | 1               |                               |                          |
|                        |                  |              |                 |                        |               |                |                 | Does Not Meet                 | 0                        |
|                        |                  |              |                 |                        |               |                |                 | Meets                         | 10                       |
|                        | Last Impression  | n            |                 |                        |               |                |                 |                               |                          |
|                        |                  |              |                 | Text : Did the agent l | eave a good l | ast impression | on?             |                               |                          |
|                        |                  |              |                 | Multiple Choice        | 0             | 10             | 1               |                               |                          |
|                        |                  |              |                 |                        |               |                |                 | Does Not Meet                 | 0                        |
|                        |                  |              |                 |                        |               |                |                 | Meets                         | 10                       |
|                        | Being Proactive  | e and Offe   | ering Alternati | ves                    |               |                |                 |                               |                          |
|                        |                  |              |                 | Text : Did the agent i | nake suggest  | ions and offe  | er alternatives | to the Owner?                 |                          |
|                        |                  |              |                 | Multiple Choice        | 0             | 20             | 1               |                               |                          |
|                        |                  |              |                 |                        |               |                |                 | Meets                         | 20                       |
|                        |                  |              |                 |                        |               |                |                 | Does Not Meet                 | 0                        |
|                        | Discovery        |              |                 |                        |               |                |                 |                               |                          |
|                        |                  |              |                 |                        |               |                |                 | rstanding of the reason for   |                          |
|                        |                  |              |                 |                        |               |                |                 | e the call memorable?         |                          |
|                        |                  |              |                 | Multiple Choice        | 0             | 20             | 1               |                               |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| - Quodioiniano               |       |       | 1               |        |       |          |  |                          |
|------------------------------|-------|-------|-----------------|--------|-------|----------|--|--------------------------|
|                              | Min   | Max   | Type            | Min    | Max   | Main lat |  | Possible Answer<br>Value |
|                              | Score | Score | Туре            | IVIIII | IVIAX | Weight   | Possible Answer Text                                 | value                    |
| Name : Copy of Heart & Soul4 |       |       |                 |        |       |          |  |                          |
|                              | 0     | 100   |                 |        |       |          |  |                          |
|                              |       |       |                 |        |       |          |  |                          |
|                              |       |       |                 |        |       |          | rstanding of the reason for<br>e the call memorable? |                          |
|                              |       |       | Multiple Choice | 0      | 20    | 1        | o and dan momerable.                                 |                          |
|                              |       |       |                 |        |       |          | Does Not Meet  | 0                        |
|                              |       |       |                 |        |       |          | Meets  | 20                       |
| Name : Copy of test_aly_1    |       |       |                 |        |       |          |  |                          |
|                              | 0     | 5     |                 |        |       |          |  |                          |
| Critical                     | U     | 3     |                 |        |       |          |  |                          |
| Ontical                      |       |       | Text : Q1       |        |       |          |  |                          |
|                              |       |       |                 |        |       |          |  |                          |
|                              |       |       | True/False      | 0      | 1     | 0        |  |                          |
|                              |       |       |                 |        |       |          | Yes  | 1                        |
|                              |       |       |                 |        |       |          | No   | 0                        |
|                              |       |       | Text : Q2       |        |       |          |  |                          |
|                              |       |       | True/False      | 0      | 1     | 0        |  |                          |
|                              |       |       |                 |        |       |          | Yes  | 1                        |
|                              |       |       |                 |        |       |          | No   | 0                        |
|                              |       |       | Text : Q3       |        |       |          |  |                          |
|                              |       |       |                 |        |       |          |  |                          |
|                              |       |       | True/False      | 0      | 1     | 0        |  |                          |
|                              |       |       |                 |        |       |          | Yes  | 1                        |
|                              |       |       |                 |        |       |          | No   | 0                        |
| Agent                        |       |       |                 |        |       |          |  |                          |
|                              |       |       | Text : Security |        |       |          |  |                          |
|                              |       |       | True/False      | 0      | 1     | 1        |  |                          |
|                              |       |       |                 |        |       |          |  |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

### Question

| Questionnaire             | aestioiliane | Question     |                 |     |     |        |                      |                          |
|---------------------------|--------------|--------------|-----------------|-----|-----|--------|----------------------|--------------------------|
|                           | Min<br>Score | Max<br>Score | Туре            | Min | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : Copy of test_aly_1 |              |              |                 |     |     |        |                      |                          |
|                           | 0            | 5            |                 |     |     |        |                      |                          |
|                           |              |              | Text : Security |     |     |        |                      |                          |
|                           |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                           |              |              |                 |     |     |        | Yes                  | 1                        |
|                           |              |              |                 |     |     |        | No                   | 0                        |
|                           |              |              | Text : Intro    |     |     |        |                      |                          |
|                           |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                           |              |              |                 |     |     |        | Yes                  | 1                        |
|                           |              |              |                 |     |     |        | No                   | 0                        |
|                           |              |              | Text : Polite   |     |     |        |                      |                          |
|                           |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                           |              |              |                 |     |     |        | Yes                  | 1                        |
|                           |              |              |                 |     |     |        | No                   | 0                        |
|                           |              |              | Text : Listen   |     |     |        |                      |                          |
|                           |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                           |              |              |                 |     |     |        | Yes                  | 1                        |
|                           |              |              |                 |     |     |        | No                   | 0                        |
|                           |              |              | Text : Close    |     |     |        |                      |                          |
|                           |              |              | True/False      | 0   | 1   | 1      | Ver.                 | ,                        |
|                           |              |              |                 |     |     |        | Yes<br>No            | 1                        |
|                           |              |              |                 |     |     |        | IAO                  | Ü                        |

Name : Customer Service Abbrev

1 30

**Questionnaire Range or List** <All> <All> **Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Type Min Max Weight Value Possible Answer Text Score Score Name: Customer Service Abbrev 30 **Hold Etiquette** Text: How many times did the agent put the customer on hold? 20 0 Text: Did the agent follow the appropriate protocol for placing the caller on hold? True/False 0 Yes 0 No Intro/Greeting Text: Did the agent welcome the caller with the appropriate greeting? True/False 1 1 Yes 1 No 0 Text: Did the agent say his/her name during the introduction? True/False 1 Yes 1 0 No Text: How did the agent sound in speaking with the customer? Multiple Choice 3 This agent loves his/her job! 3 2 Pretty normal Just taking care of business. Nothing more

He/She would rather be somewhere else

0

**Questionnaire Range or List** 

<All>

<All>

**Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Min Type Max Weight Value **Possible Answer Text** Score Score Name: Customer Service Abbrev 30 **Customer Service Skills** Text: Did the agent repeat the issue back to the customer for verification? True/False 0 Yes 1 0 No Text: How would you describe the agent's understanding of the issue/question(s)? Multiple Choice 3 The agent displayed a deep understanding 3 2 The agent knew most of the answers It took a few tries, but the agent eventually figured it out 0 Completely clueless Name: CustomerServiceTD 29 **Customer Service skills** Text: Did the agent repeat the issue back to the customer for verification? 0 0 True/False Yes 1 0 No Text: How would you describe the agents understanding of the issue/question Multiple Choice 3 3 Showed a deep understanding 2 Knew most of the answers Took a few tries but eventually figured it out

**Questionnaire Range or List** <All> <All> **Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Type Min Max Weight Value **Possible Answer Text** Score Score Name: CustomerServiceTD 29 Text: How would you describe the agents understanding of the issue/question Multiple Choice 0 3 Completely clueless 0 Intro/Greeting Text: Did the agent welcome the caller with the appropriate greeting? True/False 0 Yes 1 0 No Text : Did the Agent say his/her name during the introduction? True/False Yes 1 0 No Text: How did the agent sound in speaking with the customer? Multiple Choice 3 3 The agent loves their job Pretty normal 2 Just taking care of business northing more 1 THey would rather be somewhere else 0 Group 1

Print Date: Friday, August 4, 2017 10:13:50AM Genesys Page 13 of 56

20

0

Text: How many times did the agent put the customer on hold?

Integer

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

|                                 | Min<br>Score | Max<br>Score | Туре                    | Min            | Max          | Weight          | Possible Answer Text   | Possible Answer<br>Value |
|---------------------------------|--------------|--------------|-------------------------|----------------|--------------|-----------------|------------------------|--------------------------|
| Name : CustomerServiceTD        |              |              |                         |                |              |                 |                        |                          |
|                                 | 1            | 29           |                         |                |              |                 |                        |                          |
|                                 |              |              | Text : Did the agent fo | ollow the appr | opriate prot | tocol for placi | ng the caller on hold? |                          |
|                                 |              |              | True/False              | 0              | 1            | 1               |                        |                          |
|                                 |              |              |                         |                |              |                 | Yes                    | 1                        |
|                                 |              |              |                         |                |              |                 | No                     | 0                        |
| Name : Demo Preventa            |              |              |                         |                |              |                 |                        |                          |
|                                 | 0            | 20           |                         |                |              |                 |                        |                          |
| Group 1                         |              |              |                         |                |              |                 |                        |                          |
|                                 |              |              | Text : Question 1       |                |              |                 |                        |                          |
|                                 |              |              | Integer                 | 0              | 90           | 0               |                        |                          |
|                                 |              |              |                         |                |              |                 |                        | 0                        |
|                                 |              |              | Text : Dio el script de | bienvenida?    |              |                 |                        |                          |
|                                 |              |              | Integer                 | 0              | 10           | 2               |                        |                          |
|                                 |              |              |                         |                |              |                 |                        | 0                        |
| Group 1                         |              |              |                         |                |              |                 |                        |                          |
|                                 |              |              | Text : Question 1       |                |              |                 |                        |                          |
|                                 |              |              | Integer                 | 0              | 10           | 0               |                        |                          |
|                                 |              |              |                         |                |              |                 |                        | 0                        |
| Name : FCR Best Practices Score | card         |              |                         |                |              |                 |                        |                          |
|                                 | 2            | 520          |                         |                |              |                 |                        |                          |
| Call Qua                        | ality        |              |                         |                |              |                 |                        |                          |
|                                 |              |              | Text : Demeanor         |                |              |                 |                        |                          |
|                                 |              |              | Multiple Choice         | 0              | 1            | 25              |                        |                          |
|                                 |              |              |                         |                |              |                 | Lethargic or Tired     | 0                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

#### Question

| Min   | Max   |
|-------|-------|
| Score | Score |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Type | Min | Max | Weight | Possible Answer Text | Value           |

Name: FCR Best Practices Scorecard

2 520

| Text : Demeanor     |         |   |    |  |   |
|---------------------|---------|---|----|--|---|
| Multiple Choice     | 0       | 1 | 25 |  |   |
|                     |         |   |    | Rushed & Jittery                                   | 0 |
|                     |         |   |    | Indifferent or Bored                               | 0 |
|                     |         |   |    | Annoyed or Frustrated                              | 0 |
|                     |         |   |    | Polite & Patient                                   | 1 |
| Text : Customer rem | ninders |   |    |  |   |
| Multiple Choice     | 0       | 1 | 25 |  |   |
|                     |         |   |    | 3 reminders  | 1 |
|                     |         |   |    | 2 reminders  | 0 |
|                     |         |   |    | 1 reminder   | 0 |
|                     |         |   |    | 0 reminders  | 0 |
| Text : Manners      |         |   |    |  |   |
| True/False          | 0       | 1 | 25 |  |   |
|                     |         |   |    | True   | 1 |
|                     |         |   |    | False  | 0 |
| Text : Root Cause   |         |   |    |  |   |
| Multiple Choice     | 0       | 1 | 25 |  |   |
| maniple energe      | v       | · |    | Yes, and resolved                                  | 1 |
|                     |         |   |    | Yes, not resolved                                  | 0 |
|                     |         |   |    | Yes, but requires callback                         | 0 |
|                     |         |   |    | Was not able to address the reason for the contact | 0 |
|                     |         |   |    |  |   |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire                       |              |              | Question              |              |           |        |                      |                          |
|-------------------------------------|--------------|--------------|-----------------------|--------------|-----------|--------|----------------------|--------------------------|
|                                     | Min<br>Score | Max<br>Score | Туре                  | Min          | Max       | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : FCR Best Practices Scorecard |              |              |                       |              |           |        |                      |                          |
|                                     | 2            | 520          |                       |              |           |        |                      |                          |
|                                     |              |              | Text : Social Media   |              |           |        |                      |                          |
|                                     |              |              | True/False            | 0            | 1         | 20     |                      |                          |
|                                     |              |              |                       |              |           |        | No                   | 0                        |
|                                     |              |              |                       |              |           |        | Yes                  | 1                        |
| Desktop Utili                       | zation       |              |                       |              |           |        |                      |                          |
|                                     |              |              | Text : Scripting Adhe | rence        |           |        |                      |                          |
|                                     |              |              | True/False            | 0            | 1         | 20     |                      |                          |
|                                     |              |              |                       |              |           |        | Yes                  | 1                        |
|                                     |              |              |                       |              |           |        | No                   | 0                        |
|                                     |              |              | Text : Efficient Know | ledge Manage | ement Use |        |                      |                          |
|                                     |              |              | Multiple Choice       | 0            | 1         | 20     |                      |                          |
|                                     |              |              |                       |              |           |        | 10                   | 1                        |
|                                     |              |              |                       |              |           |        | 9                    | 0                        |
|                                     |              |              |                       |              |           |        | 8                    | 0                        |
|                                     |              |              |                       |              |           |        | 7                    | 0                        |
|                                     |              |              |                       |              |           |        | 6<br>5               | 0                        |
|                                     |              |              |                       |              |           |        | 4                    | 0                        |
|                                     |              |              |                       |              |           |        | 3                    | 0                        |
|                                     |              |              |                       |              |           |        | 2                    | 0                        |
|                                     |              |              |                       |              |           |        | 1                    | 0                        |
|                                     |              |              | Text : Number of Clic | ks           |           |        |                      |                          |
|                                     |              |              | Multiple Choice       | 0            | 1         | 20     |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire                       |              |              | Question              |                 |              |          |                         |                          |
|-------------------------------------|--------------|--------------|-----------------------|-----------------|--------------|----------|-------------------------|--------------------------|
|                                     | Min<br>Score | Max<br>Score | Туре                  | Min             | Max          | Weight   | Possible Answer Text    | Possible Answer<br>Value |
| Name : FCR Best Practices Scorecard |              |              |                       |                 |              |          |                         |                          |
|                                     | 2            | 520          |                       |                 |              |          |                         |                          |
|                                     |              |              | Text : Number of CI   | icks            |              |          |                         |                          |
|                                     |              |              | Multiple Choice       | 0               | 1            | 20       |                         |                          |
|                                     |              |              | manapio onoico        | · ·             |              |          | Very Effective          | 1                        |
|                                     |              |              |                       |                 |              |          | Effective               | 0                        |
|                                     |              |              |                       |                 |              |          | Somewhat Effective      | 0                        |
|                                     |              |              |                       |                 |              |          | Could be more Effective | 0                        |
|                                     |              |              | Text : Contact Dispo  | ositioning      |              |          |                         |                          |
|                                     |              |              | Multiple Choice       | 0               | 1            | 20       |                         |                          |
|                                     |              |              | •                     |                 |              |          | Yes                     | 1                        |
|                                     |              |              |                       |                 |              |          | No                      | 0                        |
|                                     |              |              |                       |                 |              |          | Almost                  | 0                        |
|                                     |              |              | Text : Desktop Distr  | actions         |              |          |                         |                          |
|                                     |              |              | True/False            | 0               | 1            | 20       |                         |                          |
|                                     |              |              |                       |                 |              |          | Yes                     | 1                        |
|                                     |              |              |                       |                 |              |          | No                      | 0                        |
| Hold Etiquett                       | e            |              |                       |                 |              |          |                         |                          |
|                                     |              |              | Text : Ask before pl  | acing the loyta | aly customer | on hold? |                         |                          |
|                                     |              |              | True/False            | 0               | 1            | 100      |                         |                          |
|                                     |              |              |                       |                 |              |          | Yes                     | 1                        |
|                                     |              |              |                       |                 |              |          | No                      | 0                        |
| Root Cause A                        | Analysis     |              |                       |                 |              |          |                         |                          |
|                                     |              |              | Text : Verified Trans | saction Inform  | ation        |          |                         |                          |
|                                     |              |              | True/False            | 0               | 1            | 20       |                         |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

#### Question

| Min   | Max   |
|-------|-------|
| Score | Score |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

Name: FCR Best Practices Scorecard

2 520

| rue/False           | 0                 | 1              | 20                      |  |
|---------------------|-------------------|----------------|-------------------------|--|
|                     |                   |                | Yes                     |  |
|                     |                   |                | No                      |  |
| t : Model Numb      | er, Serial Numb   | er, Part Numbe | and Knowledge Resources |  |
| ıe/False            | 0                 | 1              | 20                      |  |
|                     |                   |                | Yes                     |  |
|                     |                   |                | No                      |  |
| ext : Repeat the is | ssue              |                |                         |  |
| ue/False            | 0                 | 1              | 20                      |  |
|                     |                   |                | Yes                     |  |
|                     |                   |                | No                      |  |
| ext : Issue addres  | ssed, fixed and r | esolved        |                         |  |
| rue/False           | 0                 | 1              | 20                      |  |
|                     |                   |                | Yes                     |  |

0

0

No

Yes No

20

Transfer Etiquette

Text: Additional questions or requests

0

True/False

Questionnaire Range or List

<All>

**Questionnaire Group Name Range or List:** 

<All>

| Qu | esti | ion | na | ire |
|----|------|-----|----|-----|
|    |      |     |    |     |

|                          |                 | Min<br>Score | Max<br>Score | Туре   | Min            | Max          | Weight         | Possible Answer Text        | Possible Answer<br>Value |
|--------------------------|-----------------|--------------|--------------|--|----------------|--------------|----------------|-----------------------------|--------------------------|
| Name : FCR Best Praction | ces Scorecard   |              |              |  |                |              |                |                             |                          |
|                          |                 | 2            | 520          |  |                |              |                |                             |                          |
|                          |                 |              |              | Text : Introduce the pe                            | erson to whon  | n the custor | mer was trans  | ferred?                     |                          |
|                          |                 |              |              | True/False   | 0              | 1            | 100            |                             |                          |
|                          |                 |              |              |  |                |              |                | Yes                         | 1                        |
|                          |                 |              |              |  |                |              |                | No                          | 0                        |
|                          | Quality Manag   | er Comme     | nts          |  |                |              |                |                             |                          |
|                          |                 |              |              | Text : Comments:                                   |                |              |                |                             |                          |
|                          |                 |              |              | Free<br>Text(non-scorin<br>g)                      | 0              | 0            | 0              |                             | 0                        |
| Name : Heart & Soul2     |                 |              |              |  |                |              |                |                             |                          |
|                          |                 | 20           | 100          |  |                |              |                |                             |                          |
|                          | Last Impression | on           |              |  |                |              |                |                             |                          |
|                          |                 |              |              | Text : Did the agent le                            | ave a good las | st impressio | on?            |                             |                          |
|                          |                 |              |              | Multiple Choice                                    | 0              | 10           | 1              |                             |                          |
|                          |                 |              |              |  |                |              |                | Meets                       | 10                       |
|                          |                 |              |              |  |                |              |                | Does Not Meet               | 0                        |
|                          | Discovery       |              |              |  |                |              |                |                             |                          |
|                          |                 |              |              | Text : Did the agent as<br>the call and to help be |                |              |                | rstanding of the reason for |                          |
|                          |                 |              |              | Multiple Choice                                    | o proactive wi | 20           | er and to make | e the call memorable?       |                          |
|                          |                 |              |              |  |                |              |                | Meets                       | 20                       |
|                          |                 |              |              |  |                |              |                | Does Not Meet               | 0                        |
|                          | Taking Owners   | ship/Servic  | e Delivery   |  |                |              |                |                             |                          |

**Questionnaire Range or List** 

<All>

Questionnaire Group Name Range or List :

<All>

| uestionr |  |
|----------|--|
|          |  |

|                      |                  | Min<br>Score | Max<br>Score     | Туре   | Min            | Max          | Weight         | Possible Answer Text          | Possible Answer<br>Value |
|----------------------|------------------|--------------|------------------|--|----------------|--------------|----------------|-------------------------------|--------------------------|
| Name : Heart & Soul2 |                  |              |                  |  |                |              |                |                               |                          |
|                      |                  | 20           | 100              |  |                |              |                |                               |                          |
|                      |                  |              |                  | Text : Did the agent to                        | ike ownership  | of the call? |                |                               |                          |
|                      |                  |              |                  | Multiple Choice                                | 0              | 20           | 1              |                               |                          |
|                      |                  |              |                  |  |                |              |                | Meets                         | 20                       |
|                      |                  |              |                  |  |                |              |                | Does Not Meet                 | 0                        |
|                      | Make it Memor    | rable        |                  |  |                |              |                |                               |                          |
|                      |                  |              |                  | Text : Did the agent m<br>was obtained from Di |                |              |                | ation around information that |                          |
|                      |                  |              |                  | Multiple Choice                                | 20             | 20           | 1              |                               |                          |
|                      |                  |              |                  |  |                |              |                | Meets                         | 20                       |
|                      | Being Proactiv   | e and Offe   | ering Alternativ |  |                |              |                |                               |                          |
|                      |                  |              |                  | Text : Did the agent m                         | nake suggestio | ons and offe | r alternatives | to the Owner?                 |                          |
|                      |                  |              |                  | Multiple Choice                                | 0              | 20           | 1              |                               |                          |
|                      |                  |              |                  |  |                |              |                | Meets                         | 20                       |
|                      |                  |              |                  |  |                |              |                | Does Not Meet                 | 0                        |
|                      | First Impression | on           |                  |  |                |              |                |                               |                          |
|                      |                  |              |                  | Text : Did the agent g                         |                |              |                |                               |                          |
|                      |                  |              |                  | Multiple Choice                                | 0              | 10           | 1              |                               |                          |
|                      |                  |              |                  |  |                |              |                | Meets                         | 10                       |
|                      |                  |              |                  |  |                |              |                | Does Not Meet                 | 0                        |
| Name : Heart & Soul3 |                  |              |                  |  |                |              |                |                               |                          |
|                      |                  | 20           | 100              |  |                |              |                |                               |                          |
|                      | Last Impression  | on           |                  |  |                |              |                |                               |                          |
|                      |                  |              |                  | Text : Did the agent le                        |                |              |                |                               |                          |
|                      |                  |              |                  | Multiple Choice                                | 0              | 10           | 1              |                               |                          |

**Questionnaire Range or List** 

<All>

Questionnaire Group Name Range or List :

<All>

| _  |         |        |
|----|---------|--------|
| Qυ | ıestion | ınaıre |

|                      | Min<br>Score          |                      | Туре                                      | Min            | Max             | Weight            | Possible Answer Text          | Possible Answer<br>Value |
|----------------------|-----------------------|----------------------|---|----------------|-----------------|-------------------|-------------------------------|--------------------------|
| Name : Heart & Soul3 |                       |                      |   |                |                 |                   |                               |                          |
|                      | 20                    | 100                  |   |                |                 |                   |                               |                          |
|                      |                       |                      | Text : Did the agent lea                  | ive a good las | t impressio     | on?               |                               |                          |
|                      |                       |                      | Multiple Choice                           | 0              | 10              | 1                 |                               |                          |
|                      |                       |                      |   |                |                 |                   | Meets                         | 10                       |
|                      |                       |                      |   |                |                 |                   | Does Not Meet                 | 0                        |
|                      | Taking Ownership/Se   | rvice Delivery       |   |                |                 |                   |                               |                          |
|                      |                       |                      | Text : Did the agent tak                  | e ownership    | of the call?    |                   |                               |                          |
|                      |                       |                      | Multiple Choice                           | 0              | 20              | 1                 |                               |                          |
|                      |                       |                      |   |                |                 |                   | Meets                         | 20                       |
|                      |                       |                      |   |                |                 |                   | Does Not Meet                 | 0                        |
|                      | Being Proactive and C | Offering Alternation | ves                                       |                |                 |                   |                               |                          |
|                      |                       |                      | Text : Did the agent ma                   | ake suggestio  | ns and offe     | r alternatives    | to the Owner?                 |                          |
|                      |                       |                      | Multiple Choice                           | 0              | 20              | 1                 |                               |                          |
|                      |                       |                      |   |                |                 |                   | Meets                         | 20                       |
|                      |                       |                      |   |                |                 |                   | Does Not Meet                 | 0                        |
|                      | First Impression      |                      |   |                |                 |                   |                               |                          |
|                      |                       |                      | Text : Did the agent gre                  | eet the Owner  | and offer a     | ssistance?        |                               |                          |
|                      |                       |                      | Multiple Choice                           | 0              | 10              | 1                 |                               |                          |
|                      |                       |                      |   |                |                 |                   | Meets                         | 10                       |
|                      |                       |                      |   |                |                 |                   | Does Not Meet                 | 0                        |
|                      | Make it Memorable     |                      |   |                |                 |                   |                               |                          |
|                      |                       |                      |   |                |                 |                   | ation around information that |                          |
|                      |                       |                      | was obtained from Dis-<br>Multiple Choice | covery or that | the Owner<br>20 | volunteered?<br>1 | ,                             |                          |
|                      |                       |                      | •   |                |                 |                   | Meets                         | 20                       |

Questionnaire Range or List <All>
Questionnaire Group Name Range or List :

| uestion |  |
|---------|--|
|         |  |

|                      |                | Min<br>Score | Max<br>Score    | Туре  | Min           | Max          | Weight          | Possible Answer Text                                 | Possible Answer<br>Value |
|----------------------|----------------|--------------|-----------------|---|---------------|--------------|-----------------|--|--------------------------|
| Name : Heart & Soul3 |                |              |                 |   |               |              |                 |  |                          |
|                      |                | 20           | 100             |   |               |              |                 |  |                          |
|                      |                |              |                 | Text : Did the agent ma                         |               | _            | _               | ation around information that                        |                          |
|                      |                |              |                 | Multiple Choice                                 | 0             | 20           | 1               |  |                          |
|                      |                |              |                 |   |               |              |                 | N/A  | 0                        |
|                      | Discovery      |              |                 |   |               |              |                 |  |                          |
|                      |                |              |                 | Text : Did the agent as the call and to help be |               |              |                 | rstanding of the reason for<br>e the call memorable? |                          |
|                      |                |              |                 | Multiple Choice                                 | 0             | 20           | 1               |  |                          |
|                      |                |              |                 |   |               |              |                 | Meets  | 20                       |
|                      |                |              |                 |   |               |              |                 | Does Not Meet  | 0                        |
| Name : Heart & Soul4 |                |              |                 |   |               |              |                 |  |                          |
|                      |                | 0            | 100             |   |               |              |                 |  |                          |
|                      | Discovery      |              |                 |   |               |              |                 |  |                          |
|                      |                |              |                 | Text : Did the agent as the call and to help be | _             | -            |                 | rstanding of the reason for<br>e the call memorable? |                          |
|                      |                |              |                 | Multiple Choice                                 | 0             | 20           | 1               |  |                          |
|                      |                |              |                 |   |               |              |                 | Does Not Meet  | 0                        |
|                      |                |              |                 |   |               |              |                 | Meets  | 20                       |
|                      | Being Proactiv | ve and Offe  | ring Alternativ | /es   |               |              |                 |  |                          |
|                      |                |              |                 | Text : Did the agent ma                         | ake suggestic | ons and offe | er alternatives | to the Owner?  |                          |
|                      |                |              |                 | Multiple Choice                                 | 0             | 20           | 1               |  |                          |
|                      |                |              |                 |   |               |              |                 | Does Not Meet  | 0                        |
|                      |                |              |                 |   |               |              |                 | Meets  | 20                       |
|                      | Make it Memo   | rable        |                 |   |               |              |                 |  |                          |

Questionnaire Range or List <All>
Questionnaire Group Name Range or List :

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|---------|--|
|         |  |

#### Question

|                        |                  | Min<br>Score   | Max<br>Score   | Туре   | Min           | Max           | Weight     | Possible Answer Text          | Possible Answer<br>Value |
|------------------------|------------------|----------------|----------------|--|---------------|---------------|------------|-------------------------------|--------------------------|
| Name : Heart & Soul4   |                  |                |                |  |               |               |            |                               |                          |
|                        |                  | 0              | 100            |  |               |               |            |                               |                          |
|                        |                  |                |                | Text : Did the agent m was obtained from Dis |               |               |            | ation around information that |                          |
|                        |                  |                |                | Multiple Choice                              | 0             | 20            | 1          |                               |                          |
|                        |                  |                |                |  |               |               |            | Meets                         | 20                       |
|                        |                  |                |                |  |               |               |            | Do Not Use                    | 0                        |
|                        | First Impression | on             |                |  |               |               |            |                               |                          |
|                        |                  |                |                | Text : Did the agent gi                      | reet the Owne | r and offer a | ssistance? |                               |                          |
|                        |                  |                |                | Multiple Choice                              | 0             | 10            | 1          |                               |                          |
|                        |                  |                |                |  |               |               |            | Does Not Meet                 | 0                        |
|                        |                  |                |                |  |               |               |            | Meets                         | 10                       |
|                        | Last Impression  | on             |                |  |               |               |            |                               |                          |
|                        |                  |                |                | Text : Did the agent le                      | ave a good la | st impressio  | on?        |                               |                          |
|                        |                  |                |                | Multiple Choice                              | 0             | 10            | 1          |                               |                          |
|                        |                  |                |                |  |               |               |            | Does Not Meet                 | 0                        |
|                        |                  |                |                |  |               |               |            | Meets                         | 10                       |
|                        | Taking Owners    | ship/Servic    | e Delivery     |  |               |               |            |                               |                          |
|                        |                  |                |                | Text : Did the agent ta                      | ke ownership  | of the call?  |            |                               |                          |
|                        |                  |                |                | Multiple Choice                              | 0             | 20            | 1          |                               |                          |
|                        |                  |                |                |  |               |               |            | Does Not Meet                 | 0                        |
|                        |                  |                |                |  |               |               |            | Meets                         | 20                       |
| Name : IPG Contact Sol | utions           |                |                |  |               |               |            |                               |                          |
|                        |                  | 0              | 0              |  |               |               |            |                               |                          |
|                        | Kennis & kund    | de (kritiek: e | eindgebruiker) | )  |               |               |            |                               |                          |

Print Date: Friday, August 4, 2017 10:13:50AM

<All> **Questionnaire Range or List** <All> **Questionnaire Group Name Range or List:** 

#### Questionnaire

#### Question

| Questionnaire                |                |              | Question             |                 |               |                 |                      |                          |
|------------------------------|----------------|--------------|----------------------|-----------------|---------------|-----------------|----------------------|--------------------------|
|                              | Min<br>Score   | Max<br>Score | Туре                 | Min             | Max           | Weight          | Possible Answer Text | Possible Answer<br>Value |
| Name : IPG Contact Solutions |                |              |                      |                 |               |                 |                      |                          |
| Nume : II o contact contacts | 0              | 0            |                      |                 |               |                 |                      |                          |
|                              | · ·            | · ·          | Tayt : C.4 luiata an | valladina anlaa | aina biadan   |                 |                      |                          |
|                              |                |              | Text : 6.1 Juiste en |                 |               |                 |                      |                          |
|                              |                |              | True/False           | 0               | 1             | 0               | _                    | ,                        |
|                              |                |              |                      |                 |               |                 | True                 | 1                        |
|                              |                |              |                      |                 |               |                 | False                | 0                        |
|                              |                |              | Text : 6.2 Correcte  | mutatie/werkord | ler/logging/k | lantverificatie | e/privacy            |                          |
|                              |                |              | True/False           | 0               | 1             | 0               |                      |                          |
|                              |                |              |                      |                 |               |                 | True                 | 1                        |
|                              |                |              |                      |                 |               |                 | False                | 0                        |
| Gespreksstr                  | ructuur ( Niet | Kritiek)     |                      |                 |               |                 |                      |                          |
|                              |                |              | Text : 1.1 Correcte  | opening van he  | gesprek       |                 |                      |                          |
|                              |                |              | True/False           | 0               | 1             | 0               |                      |                          |
|                              |                |              |                      |                 |               |                 | True                 | 1                        |
|                              |                |              |                      |                 |               |                 | False                | 0                        |
|                              |                |              | Text : 1.2 Vragen &  | doorvragen (ke  | rnyraaganaly  | vse)            |                      |                          |
|                              |                |              | True/False           | 0               | 1             | 0               |                      |                          |
|                              |                |              | True/Faise           | U               | ı             | U               | True                 | 1                        |
|                              |                |              |                      |                 |               |                 | False                | 0                        |
|                              |                |              |                      |                 |               |                 | raise                | 0                        |
|                              |                |              | Text : 1.3 (Tussent  | jds) Samenvatte | en            |                 |                      |                          |
|                              |                |              | True/False           | 0               | 1             | 0               |                      |                          |
|                              |                |              |                      |                 |               |                 | True                 | 1                        |
|                              |                |              |                      |                 |               |                 | False                | 0                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Quootioiiilaiio              |                  |              |                     |                    |             |        |                      |                          |
|------------------------------|------------------|--------------|---------------------|--------------------|-------------|--------|----------------------|--------------------------|
|                              | Min<br>Score     | Max<br>Score | Туре                | Min                | Max         | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : IPG Contact Solutions |                  |              |                     |                    |             |        |                      |                          |
|                              | 0                | 0            |                     |                    |             |        |                      |                          |
|                              |                  |              | Text : 1.4 Leiding  | nemen en houde     | n           |        |                      |                          |
|                              |                  |              | True/False          | 0                  | 1           | 0      |                      |                          |
|                              |                  |              |                     |                    |             |        | True                 | 1                        |
|                              |                  |              |                     |                    |             |        | False                | 0                        |
|                              |                  |              | Text : 1.5 Detectie | koopsignalen +     | toepassen   |        |                      |                          |
|                              |                  |              | True/False          | 0                  | 1           | 0      |                      |                          |
|                              |                  |              |                     |                    |             |        | True                 | 1                        |
|                              |                  |              |                     |                    |             |        | False                | 0                        |
|                              |                  |              | Text : 1.6 Correcte | afsluiting         |             |        |                      |                          |
|                              |                  |              | True/False          | 0                  | 1           | 0      |                      |                          |
|                              |                  |              |                     |                    |             |        | True                 | 1                        |
|                              |                  |              |                     |                    |             |        | False                | 0                        |
| Kennis &                     | Kunde (Niet Kr   | tiek)        |                     |                    |             |        |                      |                          |
|                              |                  |              | Text : 3.1 Correct  | en efficiënt syste | emgebruik   |        |                      |                          |
|                              |                  |              | True/False          | 0                  | 1           | 0      |                      |                          |
|                              |                  |              |                     |                    |             |        | True                 | 1                        |
|                              |                  |              |                     |                    |             |        | False                | 0                        |
|                              |                  |              | Text : 3.2 Kennis v | an product/proc    | es opdracht | gever  |                      |                          |
|                              |                  |              | True/False          | 0                  | 1           | 0      |                      |                          |
|                              |                  |              |                     |                    |             |        | True                 | 1                        |
|                              |                  |              |                     |                    |             |        | False                | 0                        |
| Gespreks                     | vorm (Niet kriti | ek)          |                     |                    |             |        |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

#### Question

True/False

|       |       | ı |
|-------|-------|---|
| Min   | Max   | ı |
| Score | Score |   |
|       |       | _ |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

Name: IPG Contact Solutions

0 (

| Text : 2.1 Actief luis |               |                 |    |             |
|------------------------|---------------|-----------------|----|-------------|
| True/False             | 0             | 1               | 0  |             |
|                        |               |                 |    | True        |
|                        |               |                 |    | alse        |
| Text : 2.2 Visualise   | en            |                 |    |             |
| True/False             | 0             | 1               | 0  |             |
|                        |               |                 |    | True        |
|                        |               |                 |    | False       |
| Text : 2.3 Toonzetti   | na & sfoor    |                 |    |             |
|                        |               |                 |    |             |
| True/False             | 0             | 1               | 0  | _           |
|                        |               |                 |    | Γrue<br>- · |
|                        |               |                 |    | False       |
| Text : 2.4 Correct ta  | algebruik     |                 |    |             |
| True/False             | 0             | 1               | 0  |             |
|                        |               |                 |    | True        |
|                        |               |                 |    | False       |
| Text : 2.5 Juiste om   | gang met weer | stand & klachte | en |             |
| True/False             | 0             | 1               | 0  |             |
|                        |               |                 |    |             |
|                        |               |                 |    | True        |

0

Text: 2.6 Correct gebruik wachtstand/juiste doorverbindsprocedure

0

**Questionnaire Range or List** <All> <All> **Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Type Min Max Weight Value Possible Answer Text Score Score Name: IPG Contact Solutions 0 0 Text: 2.6 Correct gebruik wachtstand/juiste doorverbindsprocedure True/False 0 0 True 0 False Opportuniteiten (Niet Kritiek) Text: 4.1 Aanbod extra diensten True/False 1 0 True 1 0 False Opportuniteiten (Kritiek) Text: 5.1 Duel Fuel aanbod 0 True/False 0 1 True 1 0 False Text: 5.2 Sales kansen benut 0 True/False 1 True 0 False Name: May Questionnaire 0 12 Credit team

Print Date: Friday, August 4, 2017 10:13:50AM

1

Text: Did credit rep ask for 100 points of ID?

True/False

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire            |              |               | Question                             |                |             |               |                          |                          |
|--------------------------|--------------|---------------|--------------------------------------|----------------|-------------|---------------|--------------------------|--------------------------|
|                          | Min<br>Score | Max<br>Score  | Туре                                 | Min            | Max         | Weight        | Possible Answer Text     | Possible Answer<br>Value |
| Name : May Questionnaire |              |               |                                      |                |             |               |                          |                          |
|                          | 0            | 12            |                                      |                |             |               |                          |                          |
|                          |              |               | Text : Did credit rep as             | k for 100 poin | its of ID?  |               |                          |                          |
|                          |              |               | True/False                           | 0              | 1           | 1             |                          |                          |
|                          |              |               |                                      |                |             |               | Yes                      | 1                        |
|                          |              |               |                                      |                |             |               | No                       | 0                        |
|                          |              |               | Text : Did credit rep lea            | ave good note  | s?          |               |                          |                          |
|                          |              |               | True/False                           | 0              | 1           | 1             |                          |                          |
|                          |              |               |                                      |                |             |               | Yes                      | 1                        |
|                          |              |               |                                      |                |             |               | No                       | 0                        |
| Introduction             | n was comple | ted according | to business guideline                |                |             |               |                          |                          |
|                          |              |               | Text : Dirung the greet              | ing did the ag | ent clarify | the purpose o | f the call?              |                          |
|                          |              |               | True/False                           | 0              | 1           | 1             |                          |                          |
|                          |              |               |                                      |                |             |               | Yes                      | 1                        |
|                          |              |               |                                      |                |             |               | No                       | 0                        |
|                          |              |               | Text : Did the agent en              | sure existng   | customer w  | as passed to  | correct?                 |                          |
|                          |              |               | Multiple Choice                      | -1             | 1           | 1             |                          |                          |
|                          |              |               |                                      |                |             |               | NO                       | -1                       |
|                          |              |               |                                      |                |             |               | Customer was complaining | 0                        |
|                          |              |               |                                      |                |             |               | Yes                      | 1                        |
| New Custon               | mer          |               | Tout : Did arout alorify             | wa wu a a 42   |             |               |                          |                          |
|                          |              |               | Text : Did agent clarify  True/False |                | 1           | 1             |                          |                          |
|                          |              |               | rrue/Faise                           | 0              | 1           | 1             | True                     | 1                        |
|                          |              |               |                                      |                |             |               | False                    | 0                        |
|                          |              |               |                                      |                |             |               |                          | •                        |

**Questionnaire Range or List** 

<All>

Questionnaire Group Name Range or List :

<All>

| Questionnaire             |              |              | Question             | Question       |               |                |                                |                          |  |  |
|---------------------------|--------------|--------------|----------------------|----------------|---------------|----------------|--------------------------------|--------------------------|--|--|
|                           | Min<br>Score | Max<br>Score | Туре                 | Min            | Max           | Weight         | Possible Answer Text           | Possible Answer<br>Value |  |  |
| Name : May Questionnaire  |              |              |                      |                |               |                |                                |                          |  |  |
| •                         | 0            | 12           |                      |                |               |                |                                |                          |  |  |
|                           |              |              | Text : Did agent use | the CLASSIC    | sales technic | que to qualify | the lead?                      |                          |  |  |
|                           |              |              | True/False           | 0              | 1             | 1              |                                |                          |  |  |
|                           |              |              |                      |                |               |                | Yes                            | 1                        |  |  |
|                           |              |              |                      |                |               |                | No                             | 0                        |  |  |
|                           |              |              | Text : How did the a | gent proceed a | after informa | tion was gver  | n?                             |                          |  |  |
|                           |              |              | Multiple Choice      | 0              | 3             | 2              |                                |                          |  |  |
|                           |              |              |                      |                |               |                | Completed call in friendly way | 1                        |  |  |
|                           |              |              |                      |                |               |                | Sold customer a bundle deal    | 2                        |  |  |
|                           |              |              |                      |                |               |                | Emailed document to customer   | 3                        |  |  |
|                           |              |              |                      |                |               |                | Passed customer to credit team | 0                        |  |  |
| Name : New Agent Training |              |              |                      |                |               |                |                                |                          |  |  |
|                           | 0            | 100          |                      |                |               |                |                                |                          |  |  |
| Greeting Q                | uestions     |              | Text : Hello?        |                |               |                |                                |                          |  |  |
|                           |              |              |                      | •              |               |                |                                |                          |  |  |
|                           |              |              | True/False           | 0              | 1             | 6              | Yes                            | 1                        |  |  |
|                           |              |              |                      |                |               |                | No                             | 0                        |  |  |
|                           |              |              | <b>-</b>             |                |               |                | No                             | v                        |  |  |
|                           |              |              | Text : Introduce him |                |               |                |                                |                          |  |  |
|                           |              |              | True/False           | 0              | 1             | 6              | Yes                            | 1                        |  |  |
|                           |              |              |                      |                |               |                | No                             | 0                        |  |  |
|                           |              |              |                      |                |               |                |                                | v                        |  |  |

Questionnaire Range or List

<All>

Questionnaire Group Name Range or List :

<All>

| Questionnaire             |              |              | Question                      |                |              |                |                                |                          |
|---------------------------|--------------|--------------|-------------------------------|----------------|--------------|----------------|--------------------------------|--------------------------|
|                           | Min<br>Score | Max<br>Score | Туре                          | Min            | Max          | Weight         | Possible Answer Text           | Possible Answer<br>Value |
| Name : New Agent Training |              |              |                               |                |              |                |                                |                          |
| <b>3</b>                  | 0            | 100          |                               |                |              |                |                                |                          |
|                           |              |              | Text : Agent's Demean         | or             |              |                |                                |                          |
|                           |              |              | Multiple Choice               | 0              | 1            | 6              |                                |                          |
|                           |              |              |                               |                |              |                | Pleasant                       | 0                        |
|                           |              |              |                               |                |              |                | Disinterested                  | 0                        |
|                           |              |              |                               |                |              |                | Genuine                        | 1                        |
|                           |              |              |                               |                |              |                | Angry                          | 0                        |
|                           |              |              |                               |                |              |                | Rude                           | 0                        |
|                           |              |              |                               |                |              |                | Other, but had a positive tone | 0                        |
|                           |              |              |                               |                |              |                | Other, but had a negative tone | 0                        |
|                           |              |              | Text : Would you speal        | to this agent  | again?       |                |                                |                          |
|                           |              |              | True/False                    | 0              | 1            | 6              |                                |                          |
|                           |              |              |                               |                |              |                | Yes                            | 1                        |
|                           |              |              |                               |                |              |                | No                             | 0                        |
|                           |              |              | Text : Customer Comm          | ents           |              |                |                                |                          |
|                           |              |              | Free<br>Text(non-scorin<br>g) | 0              | 0            | 0              |                                | 0                        |
| Wrap Up Questions         |              |              |                               |                |              |                |                                |                          |
|                           |              |              | Text : Agent asked, "Is       | there anything | g else I car | n help you wit | h today?"                      |                          |
|                           |              |              | True/False                    | 0              | 1            | 6              |                                |                          |

Yes No

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire             |                     |               | Question            |                |     |        |                      |                          |
|---------------------------|---------------------|---------------|---------------------|----------------|-----|--------|----------------------|--------------------------|
|                           | Min<br>Score        | Max<br>Score  | Туре                | Min            | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : New Agent Training |                     |               |                     |                |     |        |                      |                          |
|                           | 0                   | 100           |                     |                |     |        |                      |                          |
|                           |                     |               | Text : Used appropr | iate sign-off? |     |        |                      |                          |
|                           |                     |               | True/False          | 0              | 1   | 6      |                      |                          |
|                           |                     |               |                     |                |     |        | Yes                  | 1                        |
|                           |                     |               |                     |                |     |        | No                   | 0                        |
|                           |                     |               | Text : Customer's N | ame Used?      |     |        |                      |                          |
|                           |                     |               | True/False          | 0              | 1   | 6      |                      |                          |
|                           |                     |               |                     |                |     |        | Yes                  | 1                        |
|                           |                     |               |                     |                |     |        | No                   | 0                        |
|                           |                     |               | Text : Resolution   |                |     |        |                      |                          |
|                           |                     |               | True/False          | 0              | 1   | 6      |                      |                          |
|                           |                     |               |                     |                |     |        | Yes                  | 1                        |
|                           |                     |               |                     |                |     |        | No                   | 0                        |
|                           |                     |               | Text : Customer Con | nments         |     |        |                      |                          |
|                           |                     |               | True/False          | 0              | 1   | 0      |                      |                          |
|                           |                     |               |                     |                |     |        | Yes                  | 1                        |
|                           |                     |               |                     |                |     |        | No                   | 0                        |
| Commun                    | nications Skills/ I | Pacing Questi | ons                 |                |     |        |                      |                          |
|                           |                     |               | Text : Grammar Usa  | ge             |     |        |                      |                          |
|                           |                     |               | True/False          | 0              | 1   | 6      |                      |                          |
|                           |                     |               |                     |                |     |        | Yes                  | 1                        |
|                           |                     |               |                     |                |     |        | No                   | 0                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

#### Question

|       |       | l |
|-------|-------|---|
| Min   | Max   | l |
| Score | Score |   |
|       |       |   |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Type | Min | Max | Weight | Possible Answer Text | Value           |

Name : New Agent Training

0 100

**Text : Pacing**Multiple Choice

| · |                      |   |
|---|----------------------|---|
|   | Smooth               | 1 |
|   | Jittery              | 0 |
|   | Start and Stop       | 0 |
|   | Slow                 | 0 |
|   | Diffult to to follow | 0 |

Chaotic

6

| Text : Use of Profanity or | Offensive Language |
|----------------------------|--------------------|
|----------------------------|--------------------|

0

| Multiple Choice | 0 | 1 | 6  |                                     |   |
|-----------------|---|---|----|-------------------------------------|---|
|                 |   |   | Th | e agent was professional            | 1 |
|                 |   |   | Th | e agent used som slang              | 0 |
|                 |   |   | Th | e agent was difficult to understand | 0 |

#### Text : Dead Air

| True/False | 0 | 1 | 6   |   |
|------------|---|---|-----|---|
|            |   |   | Yes | 0 |
|            |   |   | No  | 1 |

The agent used profanity

#### **Text: Customer Comments**

| Free            | 0 | 0 | 0 |
|-----------------|---|---|---|
| Text(non-scorin |   |   |   |
| g)              |   |   |   |

0

0

0

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

#### Question

| Min   | Max   |  |
|-------|-------|--|
| Score | Score |  |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

Name : New Agent Training

0 100

**Customer Service Skills Questions** 

| Text : Product Line | Knowledge |   |     |  |
|---------------------|-----------|---|-----|--|
| Numeric             | 0         | 1 | 6   |  |
|                     |           |   |     |  |
| Text : Manners      |           |   |     |  |
| True/False          | 0         | 1 | 6   |  |
|                     |           |   | Yes |  |
|                     |           |   | No  |  |
| Text : Patience     |           |   |     |  |
| True/False          | 0         | 1 | 6   |  |
|                     |           |   | Yes |  |
|                     |           |   | No  |  |
| Text : Genuine Assi | istance   |   |     |  |
| True/False          | 0         | 1 | 6   |  |
|                     |           |   | Yes |  |
|                     |           |   | No  |  |
| Text : Customer Co  | mments    |   |     |  |
| Free                | 0         | 0 | 0   |  |
| Text(non-scorin     |           |   |     |  |
| g)                  |           |   |     |  |

Name: New Product Questionnaire

0 0

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

#### Questionnaire

| Questionnaire                    |              | Question     |                       |                  |            |                |                      |                          |
|----------------------------------|--------------|--------------|-----------------------|------------------|------------|----------------|----------------------|--------------------------|
|                                  | Min<br>Score | Max<br>Score | Туре                  | Min              | Max        | Weight         | Possible Answer Text | Possible Answer<br>Value |
| Name : New Product Questionnaire |              |              |                       |                  |            |                |                      |                          |
|                                  | 0            | 0            |                       |                  |            |                |                      |                          |
| Product K                        | nowledge     |              |                       |                  |            |                |                      |                          |
|                                  |              |              | Text : Models         |                  |            |                |                      |                          |
|                                  |              |              | Numeric               | 1                | 9          | 10             |                      |                          |
|                                  |              |              |                       |                  |            |                |                      | 0                        |
|                                  |              |              | Text : Service Level  | s                |            |                |                      |                          |
|                                  |              |              | Numeric               | 1                | 9          | 10             |                      |                          |
|                                  |              |              |                       |                  |            |                |                      | 0                        |
|                                  |              |              | Text : Features       |                  |            |                |                      |                          |
|                                  |              |              | True/False            | 0                | 1          | 5              |                      |                          |
|                                  |              |              |                       | -                | •          | _              | Yes                  | 1                        |
|                                  |              |              |                       |                  |            |                | No                   | 0                        |
|                                  |              |              | Text : Licensing      |                  |            |                |                      |                          |
|                                  |              |              | True/False            | 0                | 1          | 5              |                      |                          |
|                                  |              |              |                       |                  |            |                | Yes                  | 1                        |
|                                  |              |              |                       |                  |            |                | No                   | 0                        |
| Phone Der                        | neanor       |              |                       |                  |            |                |                      |                          |
|                                  |              |              | Text : The agent is p | oleasant on the  | phone?     |                |                      |                          |
|                                  |              |              | True/False            | 0                | 1          | 10             |                      |                          |
|                                  |              |              |                       |                  |            |                | Yes                  | 1                        |
|                                  |              |              |                       |                  |            |                | No                   | 0                        |
|                                  |              |              | Text : The agent is p | patient with pro | spects and | helps navigate | their decisions?     |                          |
|                                  |              |              | True/False            | 0                | 1          | 10             |                      |                          |
|                                  |              |              |                       |                  |            |                |                      |                          |

Questionnaire Range or List <All>
Questionnaire Group Name Range or List :

#### Questionnaire

| Quosionnui o                     | Min<br>Score | Max<br>Score | Туре                    | Min               | Max         | Weight         | Possible Answer Text       | Possible Answer<br>Value |
|----------------------------------|--------------|--------------|-------------------------|-------------------|-------------|----------------|----------------------------|--------------------------|
| Name : New Product Questionnaire |              |              |                         |                   |             |                |                            |                          |
|                                  | 0            | 0            |                         |                   |             |                |                            |                          |
|                                  |              |              | Text : The agent is pa  | tient with pros   | pects and h | nelps navigate | their decisions?           |                          |
|                                  |              |              | True/False              | 0                 | 1           | 10             |                            |                          |
|                                  |              |              |                         |                   |             |                | Yes                        | 1                        |
|                                  |              |              |                         |                   |             |                | No                         | 0                        |
|                                  |              |              | Text : The agent is ab  | le to relate to t | he prospec  | t based on th  | e prospect's title/ role?  |                          |
|                                  |              |              | Numeric                 | 1                 | 10          | 10             |                            |                          |
|                                  |              |              |                         |                   |             |                |                            | 0                        |
| Name : POC - American Red Cross  |              |              |                         |                   |             |                |                            |                          |
|                                  | 1            | 28           |                         |                   |             |                |                            |                          |
| Agent Rankin                     | ngs          |              |                         |                   |             |                |                            |                          |
|                                  |              |              | Text : Courtesy and P   |                   |             |                |                            |                          |
|                                  |              |              | Multiple Choice         | 0                 | 10          | 1              | Extremely Professional     | 10                       |
|                                  |              |              |                         |                   |             |                | Professional and Courteous | 8                        |
|                                  |              |              |                         |                   |             |                | Rushed and Unconcerned     | 6                        |
|                                  |              |              |                         |                   |             |                | Argumentive and Deflective | 4                        |
|                                  |              |              |                         |                   |             |                | Rude and/or Profane        | 0                        |
|                                  |              |              | Text : Helpfulness of I |                   |             |                |                            |                          |
|                                  |              |              | Integer                 |                   |             |                |                            |                          |
|                                  |              |              | integer                 | 1                 | 9           | 1              |                            | 0                        |
|                                  |              |              | Text : Red Cross World  | kar's Knowlad     | na          |                |                            |                          |
|                                  |              |              |                         |                   |             | 4              |                            |                          |
|                                  |              |              | Integer                 | 1                 | 9           | 1              |                            |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

|  | onr |  |
|--|-----|--|
|  |     |  |
|  |     |  |
|  |     |  |

|                                 | Min<br>Score  | Max<br>Score | Туре                    | Min                              | Max | Weight | Possible Answer Text | Possible Answer<br>Value |  |
|---------------------------------|---------------|--------------|-------------------------|----------------------------------|-----|--------|----------------------|--------------------------|--|
| Name : POC - American Red Cross |               |              |                         |                                  |     |        |                      |                          |  |
|                                 | 1             | 28           |                         |                                  |     |        |                      |                          |  |
|                                 |               |              | Text : Red Cross Worke  | er's Knowledg                    | е   |        |                      |                          |  |
|                                 |               |              | Integer                 | 1                                | 9   | 1      |                      |                          |  |
|                                 |               |              |                         |                                  |     |        |                      | 0                        |  |
|                                 |               |              | Text : Enter Supervisor | Text : Enter Supervisor Comments |     |        |                      |                          |  |
|                                 |               |              | Free                    | 0                                | 0   | 0      |                      |                          |  |
|                                 |               |              | Text(non-scorin g)      |                                  |     |        |                      |                          |  |
|                                 |               |              |                         |                                  |     |        |                      | 0                        |  |
| Name : Property and Casualty    | 2             | 39           |                         |                                  |     |        |                      |                          |  |
| Policy Kr                       | 3<br>nowledge | 39           |                         |                                  |     |        |                      |                          |  |
| ·                               | Ü             |              | Text : Policy Knowledg  | e                                |     |        |                      |                          |  |
|                                 |               |              | Integer                 | 1                                | 10  | 1      |                      |                          |  |
|                                 |               |              |                         |                                  |     |        |                      | 0                        |  |
|                                 |               |              | Text : Pricing          |                                  |     |        |                      |                          |  |
|                                 |               |              | Integer                 | 1                                | 10  | 1      |                      |                          |  |
|                                 |               |              |                         |                                  |     |        |                      | 0                        |  |
| Greeting                        |               |              | Text : Did CSR State Co | omnany Namo                      |     |        |                      |                          |  |
|                                 |               |              | True/False              | ompany name<br>0                 | 1   | 1      |                      |                          |  |
|                                 |               |              | Hue/Faise               | U                                | ı   | 1      | True                 | 1                        |  |
|                                 |               |              |                         |                                  |     |        | False                | 0                        |  |
|                                 |               |              |                         |                                  |     |        |                      |                          |  |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

Questionnaire

| Questionnaire                |              |              | Question              |                 |               |                |   |                          |
|------------------------------|--------------|--------------|-----------------------|-----------------|---------------|----------------|---|--------------------------|
|                              | Min<br>Score | Max<br>Score | Туре                  | Min             | Max           | Weight         | Possible Answer Text                    | Possible Answer<br>Value |
| Name : Property and Casualty |              |              |                       |                 |               |                |   |                          |
|                              | 3            | 39           |                       |                 |               |                |   |                          |
|                              |              |              | Text : Did CSR Conf   | irm Policy Hold | ler Informati | ion            |   |                          |
|                              |              |              | True/False            | 0               | 1             | 1              |   |                          |
|                              |              |              |                       |                 |               |                | Yes                                     | 1                        |
|                              |              |              |                       |                 |               |                | No                                      | 0                        |
| Customer D                   | Demeanor     |              |                       |                 |               |                |   |                          |
|                              |              |              | Text : Rank the CSR   | 's Demeanor wi  | ith the Cust  | omer           |   |                          |
|                              |              |              | Multiple Choice       | 1               | 10            | 1              |   |                          |
|                              |              |              |                       |                 |               |                | Very Friendly and Helpful               | 10                       |
|                              |              |              |                       |                 |               |                | Helpful and All Business                | 8                        |
|                              |              |              |                       |                 |               |                | Business Like, but not going extra mile | 6                        |
|                              |              |              |                       |                 |               |                | Trying to just get off the phone        | 4                        |
|                              |              |              |                       |                 |               |                | Needs Training                          | 2                        |
|                              |              |              |                       |                 |               |                | Needs Fired!                            | 1                        |
| Hold                         |              |              |                       |                 |               |                |   |                          |
|                              |              |              | Text : Did the CSR to | ell the Custome | er about put  | ting them on I | Hold?                                   |                          |
|                              |              |              | True/False            | 0               | 1             | 1              |   |                          |
|                              |              |              |                       |                 |               |                | Yes                                     | 1                        |
|                              |              |              |                       |                 |               |                | No                                      | 0                        |
|                              |              |              | Text : Did the CSR k  | eep the Custom  | ner on Hold   | too long?      |   |                          |
|                              |              |              | True/False            | 0               | 1             | 1              |   |                          |
|                              |              |              |                       |                 |               |                | Yes                                     | 1                        |
|                              |              |              |                       |                 |               |                | No                                      | 0                        |
|                              |              |              |                       |                 |               |                |   |                          |

**Questionnaire Range or List** 

<All>

<All> **Questionnaire Group Name Range or List:** Questionnaire Question Possible Answer Min Max Min Type Max Weight Value Possible Answer Text Score Score Name: QBE 13 Opening & Closing the call Text: Did the CSO welcome the caller within the established 5 seconds timeframe. The timeframe begins after the phone system beeps or the background noise begins. True/False 0 3 Yes 0 No **Used appropriate Transfer protocol** Text: Was Transfer procedure followed correctly? True/False 0 1 0 Yes 1 No 0 P.I.C.T.U.R.E. Text: Was the CSO's language understandable and clear to the caller True/False 0 Yes No 0 Transfer Procedure Text: The CSO efficiently redirected the caller to the appropriate department. This must be done in a respectful manner and the caller must be aware and in agreement with the decision. True/False 0 1 3 Yes 1 0 No **Demonstrated Ownership** 

**Questionnaire Group Name Range or List:** 

<All>

**Questionnaire Range or List** 

Questionnaire Question Possible Answer Min Max Min Type Max Weight Value **Possible Answer Text** Score Score Name: QBE 13 0 Text: Did the CSO Internalized the customer's need and provided the best possible solution or option to help achieve the objective, as well as possible implications of the decision. True/False 0 0 Yes 0 No **Call Management** Text: Did the CSO have Seamless transition of call from beginning to end? True/False Yes 1 No 0 Documentation Text: Claims officer documented what transpired or agreed during the call. In addition, specifying actions done after the contact? True/False 0 Yes 1 No 0 Professionalism Text : Did the CSO constantly showed appropriate demeanor throughout the call? True/False 0 0 Yes No 0 Critical to Quality (CTQ) Text: Claims officer complied with the verification process? True/False 0

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

|            | Min<br>Score          | Max<br>Score | Туре   | Min            | Max             | Weight        | Possible Answer Text          | Possible Answer<br>Value |
|------------|-----------------------|--------------|--|----------------|-----------------|---------------|-------------------------------|--------------------------|
| Name : QBE |                       |              |  |                |                 |               |                               |                          |
|            | 0                     | 13           |  |                |                 |               |                               |                          |
|            |                       |              | Text : Claims officer con                          | nplied with th | e verificati    | on process?   |                               |                          |
|            |                       |              | True/False   | 0              | 1               | 0             |                               |                          |
|            |                       |              |  |                |                 |               | Yes                           | 1                        |
|            |                       |              |  |                |                 |               | No                            | 0                        |
|            | Listen effectively    |              |  |                |                 |               |                               |                          |
|            |                       |              | Text : Did the CSO use s                           | hared meanir   | ng techniqı     | ues to demon  | strate active listening?      |                          |
|            |                       |              | True/False   | 0              | 1               | 0             |                               |                          |
|            |                       |              |  |                |                 |               | Yes                           | 1                        |
|            | O                     |              |  |                |                 |               | No                            | 0                        |
|            | Summarising the call  |              | Text : Did the CO summa                            | arios the call | annronriat      | alv2          |                               |                          |
|            |                       |              | True/False   | 0              | арргоргіац<br>1 | e <b>iy</b> : |                               |                          |
|            |                       |              | True/Faise   | U              | '               | U             | Yes                           | 1                        |
|            |                       |              |  |                |                 |               | No                            | 0                        |
|            | Proper Hold procedure |              |  |                |                 |               |                               |                          |
|            |                       |              | Text : CSO follows the c                           | orrect hard o  | r soft hold     | technique?    |                               |                          |
|            |                       |              | True/False   | 0              | 1               | 3             |                               |                          |
|            |                       |              |  |                |                 |               | Yes                           | 1                        |
|            |                       |              |  |                |                 |               | No                            | 0                        |
|            | Data Accuracy         |              |  |                |                 |               |                               |                          |
|            |                       |              | Text : All required data v were updated correctly. | vere inputted  | accurately      | and complet   | tely. All applicable system/s |                          |
|            |                       |              | True/False   | 0              | 1               | 0             |                               |                          |
|            |                       |              |  |                |                 |               | Yes                           | 1                        |

**Questionnaire Group Name Range or List:** 

**Questionnaire Range or List** 

<All>

<All>

Questionnaire Question Possible Answer Min Max Min Type Max Weight Value **Possible Answer Text** Score Score Name: QBE 0 13 Text: All required data were inputted accurately and completely. All applicable system/s were updated correctly. 0 0 True/False 1 No 0 **Resolution Accuracy and Completeness** Text: Claims officer provided accurate and complete information/resolution as per process guidelines? within claims officer's scope of support and aligned with QBE's policies & procedures. True/False 0 1 0 Yes 0 No **Probing and Paraphrasing** Text: Did the CSO probe for the concern: Asked relevant questions to pinpoint the reason of the call as appropriate? True/False 0 Yes No 0 **Customer Connection** Text: The CSO was able to demonstrate sensitivity to the customer's emotional needs (e.g. If customer was inconvenienced or showed frustration, an empathy/apology statement is required; if the customer initiates small talks and/or rapport, CSO should respond appropriately.)? True/False 0 Yes No 0 **Used Proper Hold Procedure** 

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

| _   |       |   |    |     |
|-----|-------|---|----|-----|
| ()ı | ıesti | n | ทล | ire |

### Question

|                              | Min<br>Score     | Max<br>Score | Туре                   | Min             | Max        | Weight        | Possible Answer Text | Possible Answer<br>Value |
|------------------------------|------------------|--------------|------------------------|-----------------|------------|---------------|----------------------|--------------------------|
| Name : QBE                   |                  |              |                        |                 |            |               |                      |                          |
|                              | 0                | 13           |                        |                 |            |               |                      |                          |
|                              |                  |              | Text : Did the CSO us  | se the hold pro | cedure ONL | _Y when appro | ppriate.             |                          |
|                              |                  |              | True/False             | 0               | 1          | 0             |                      |                          |
|                              |                  |              |                        |                 |            |               | Yes                  | 1                        |
|                              |                  |              |                        |                 |            |               | No                   | 0                        |
| Name : Questionnaire Exemple |                  |              |                        |                 |            |               |                      |                          |
|                              | 0                | 0            |                        |                 |            |               |                      |                          |
| Pendan                       | t l'appel        |              |                        |                 |            |               |                      |                          |
|                              |                  |              | Text : Volume de la v  | oix             |            |               |                      |                          |
|                              |                  |              | True/False             | 0               | 1          | 0             |                      |                          |
|                              |                  |              |                        |                 |            |               | Yes                  | 1                        |
|                              |                  |              |                        |                 |            |               | No                   | 0                        |
|                              |                  |              | Text : Intonation      |                 |            |               |                      |                          |
|                              |                  |              | Multiple Choice        | 0               | 2          | 0             |                      |                          |
|                              |                  |              |                        |                 |            |               | Bonne                | 2                        |
|                              |                  |              |                        |                 |            |               | Moyenne              | 1                        |
|                              |                  |              |                        |                 |            |               | Mauvaise             | 0                        |
| Accueil                      |                  |              |                        |                 |            |               |                      |                          |
|                              |                  |              | Text : Qualité de l'ac |                 |            |               |                      |                          |
|                              |                  |              | Integer                | 1               | 10         | 0             |                      | •                        |
|                              |                  |              |                        |                 |            |               |                      | 0                        |
| Name : Sales Initial Calls   | •                | 404          |                        |                 |            |               |                      |                          |
| Calaa In                     | 3<br>straduction | 101          |                        |                 |            |               |                      |                          |
| Sales in                     | troduction       |              |                        |                 |            |               |                      |                          |

Print Date: Friday, August 4, 2017 10:13:50AM

Genesys

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

| etini | nnaire |
|-------|--------|

|   |                           | Min<br>Score | Max<br>Score | Туре                    | Min              | Max           | Weight         | Possible Answer Text | Possible Answer<br>Value |
|---|---------------------------|--------------|--------------|-------------------------|------------------|---------------|----------------|----------------------|--------------------------|
| N | ame : Sales Initial Calls |              |              |                         |                  |               |                |                      |                          |
|   |                           | 3            | 101          |                         |                  |               |                |                      |                          |
|   |                           |              |              | Text : Did the Agent Id | entify his or h  | erself        |                |                      |                          |
|   |                           |              |              | True/False              | 0                | 15            | 1              |                      |                          |
|   |                           |              |              |                         |                  |               |                | Yes                  | 15                       |
|   |                           |              |              |                         |                  |               |                | No                   | 0                        |
|   |                           |              |              | Text : Did they confirm | the custome      | r's info?     |                |                      |                          |
|   |                           |              |              | True/False              | 0                | 10            | 0              |                      |                          |
|   |                           |              |              |                         |                  |               |                | Yes                  | 10                       |
|   |                           |              |              |                         |                  |               |                | No                   | 0                        |
|   | Hold Etiquett             | te           |              | T. ( B. 14              |                  |               |                |                      |                          |
|   |                           |              |              | Text : Did the Agent as |                  |               |                |                      |                          |
|   |                           |              |              | True/False              | 0                | 10            | 1              | Yes                  | 10                       |
|   |                           |              |              |                         |                  |               |                | No                   | 0                        |
|   |                           |              |              | Text ։ Did the Agent pւ | ıt the call on b | dold for lone | ger than 5 mir |                      |                          |
|   |                           |              |              | True/False              | 0                | 10            | 4              | ideo.                |                          |
|   |                           |              |              | True/T alse             | Ü                | 10            | 7              | Yes                  | 10                       |
|   |                           |              |              |                         |                  |               |                | No                   | 0                        |
|   | Product Kno               | wledge       |              |                         |                  |               |                |                      |                          |
|   |                           |              |              | Text : Rate the Agents  | skill level in r | egards to p   | roduct ABC     |                      |                          |
|   |                           |              |              | Integer                 | 1                | 10            | 1              |                      |                          |
|   |                           |              |              |                         |                  |               |                |                      | 0                        |

Questionnaire Range or List

<All>

Questionnaire Group Name Range or List :

<All>

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|------|--|--|

| Questionnaire              |                |              |              | Question             |                 |                |                |                      |                          |
|----------------------------|----------------|--------------|--------------|----------------------|-----------------|----------------|----------------|----------------------|--------------------------|
|                            |                | Min<br>Score | Max<br>Score | Туре                 | Min             | Max            | Weight         | Possible Answer Text | Possible Answer<br>Value |
| Name : Sales Initial Calls |                |              |              |                      |                 |                |                |                      |                          |
|                            |                | 3            | 101          |                      |                 |                |                |                      |                          |
|                            |                |              |              | Text : Rate the Age  | nts upsell know | /ledge         |                |                      |                          |
|                            |                |              |              | Multiple Choice      | 1               | 10             | 2              |                      |                          |
|                            |                |              |              |                      |                 |                |                | Excellent            | 10                       |
|                            |                |              |              |                      |                 |                |                | Good                 | 8                        |
|                            |                |              |              |                      |                 |                |                | Average              | 6                        |
|                            |                |              |              |                      |                 |                |                | Poor                 | 3                        |
|                            |                |              |              |                      |                 |                |                | Needs Training!      | 1                        |
| Name : SC Tech Support     |                | _            |              |                      |                 |                |                |                      |                          |
|                            | Hold Etiquette | 0            | 70           |                      |                 |                |                |                      |                          |
|                            | noid Eliquette |              |              | Text : Did the agent | ask permissio   | n prior to pla | cing the calle | er on hold?          |                          |
|                            |                |              |              | True/False           | 0               | 10             | 1              |                      |                          |
|                            |                |              |              |                      | v               |                | ·              | No                   | 0                        |
|                            |                |              |              |                      |                 |                |                | Yes                  | 10                       |
|                            |                |              |              | Text : Did the agent | thank the cust  | omer for hol   | dina?          |                      |                          |
|                            |                |              |              | True/False           | 0               | 10             | 1              |                      |                          |
|                            |                |              |              |                      |                 |                |                | Yes                  | 10                       |
|                            |                |              |              |                      |                 |                |                | No                   | 0                        |
|                            | Intro/Greeting |              |              |                      |                 |                |                |                      |                          |
|                            |                |              |              | Text : Did the agent | welcome the c   | aller with the | e appropriate  | greeting?            |                          |
|                            |                |              |              | True/False           | 0               | 10             | 1              |                      |                          |
|                            |                |              |              |                      |                 |                |                | No                   | 0                        |
|                            |                |              |              |                      |                 |                |                | Yes                  | 10                       |
|                            |                |              |              |                      |                 |                |                |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

| Questionnaire          |                  |              | Question             |                 |               |                |  |                          |
|------------------------|------------------|--------------|----------------------|-----------------|---------------|----------------|--|--------------------------|
|                        | Min<br>Score     | Max<br>Score | Туре                 | Min             | Max           | Weight         | Possible Answer Text   | Possible Answer<br>Value |
| Name : SC Tech Support |                  |              |                      |                 |               |                |  |                          |
|                        | 0                | 70           |                      |                 |               |                |  |                          |
|                        |                  |              | Text : Did the agent | say his/her naı | ne during th  | e introduction | n?   |                          |
|                        |                  |              | True/False           | 0               | 10            | 1              |  |                          |
|                        |                  |              |                      |                 |               |                | No   | 0                        |
|                        |                  |              |                      |                 |               |                | Yes  | 10                       |
|                        |                  |              | Text : How did the a | gent sound in s | speaking wit  | h the custom   | er?  |                          |
|                        |                  |              | Multiple Choice      | 0               | 10            | 1              |  |                          |
|                        |                  |              |                      |                 |               |                | Very interested in customer.                                 | 10                       |
|                        |                  |              |                      |                 |               |                | Pretty normal  | 5                        |
|                        |                  |              |                      |                 |               |                | Just taking care of business. Nothing more                   | 3                        |
|                        |                  |              |                      |                 |               |                | He/She would rather be somewhere else                        | 0                        |
| Custome                | r Service Skills |              |                      |                 |               |                |  |                          |
|                        |                  |              | Text : Did the agent | repeat the issu | e back to the | e customer fo  | or verification?   |                          |
|                        |                  |              | True/False           | 0               | 10            | 1              |  |                          |
|                        |                  |              |                      |                 |               |                | No   | 0                        |
|                        |                  |              |                      |                 |               |                | Yes  | 10                       |
|                        |                  |              | Text : How would yo  | u describe the  | agent's und   | erstanding of  | the issue/question(s)?                                       |                          |
|                        |                  |              | Multiple Choice      | 0               | 10            | 1              |  |                          |
|                        |                  |              |                      |                 |               |                | The agent displayed a deep understanding                     | 10                       |
|                        |                  |              |                      |                 |               |                | The agent knew most of the answers                           | 5                        |
|                        |                  |              |                      |                 |               |                | It took a few tries, but the agent eventually figured it out | 3                        |
|                        |                  |              |                      |                 |               |                | Completely clueless  | 0                        |
|                        |                  |              |                      |                 |               |                |  |                          |

Name : Self Service, Screeners

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

Name: Self Service, Screeners

#### Question

| Min   | Max   |
|-------|-------|
| Score | Score |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

**Greeting Questions** 

Text: Hello?

100

True/False True/False

Text: Comments

Free

g)

Text: Introduce him/ herself to customer

1

0

Text : Agent's Demeanor Multiple Choice 0

1

Other, but had a positive tone Rude Angry

Other, but had a negative tone

Genuine Disinterested

6

6

6

No Yes

No

Yes

0

Pleasant

0

0 Text(non-scorin

0

0

0

1

0

0

0 0

1

0

**Customer Service Skills Questions** 

**Questionnaire Range or List** 

<All>

Questionnaire Group Name Range or List :

<All>

### Questionnaire

| Questionnaire                  |                   |               | Question            |           |     |        |                      |                          |
|--------------------------------|-------------------|---------------|---------------------|-----------|-----|--------|----------------------|--------------------------|
|                                | Min<br>Score      | Max<br>Score  | Туре                | Min       | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : Self Service, Screeners |                   |               |                     |           |     |        |                      |                          |
|                                | 0                 | 100           |                     |           |     |        |                      |                          |
|                                |                   |               | Text : Product Line | Knowledge |     |        |                      |                          |
|                                |                   |               | Numeric             | 0         | 1   | 6      |                      |                          |
|                                |                   |               |                     |           |     |        |                      | 0                        |
|                                |                   |               | Text : Manners      |           |     |        |                      |                          |
|                                |                   |               | True/False          | 0         | 1   | 6      |                      |                          |
|                                |                   |               |                     |           |     |        | No                   | 0                        |
|                                |                   |               |                     |           |     |        | Yes                  | 1                        |
|                                |                   |               | Text : Patience     |           |     |        |                      |                          |
|                                |                   |               | True/False          | 0         | 1   | 6      |                      |                          |
|                                |                   |               |                     |           |     |        | No                   | 0                        |
|                                |                   |               |                     |           |     |        | Yes                  | 1                        |
|                                |                   |               | Text : Comments     |           |     |        |                      |                          |
|                                |                   |               | Free                | 0         | 0   | 0      |                      |                          |
|                                |                   |               | Text(non-scorin g)  |           |     |        |                      |                          |
|                                |                   |               | 97                  |           |     |        |                      | 0                        |
| Communi                        | cations Skills/ I | Pacing Questi | ions                |           |     |        |                      |                          |
|                                |                   |               | Text : Grammar Usa  | ige       |     |        |                      |                          |
|                                |                   |               | True/False          | 0         | 1   | 6      |                      |                          |
|                                |                   |               |                     |           |     |        | No                   | 0                        |
|                                |                   |               |                     |           |     |        | Yes                  | 1                        |
|                                |                   |               | Text : Pacing       |           |     |        |                      |                          |
|                                |                   |               | Multiple Choice     | 0         | 1   | 6      |                      |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

True/False

| Questionnaire                  |                    |              | Question                      |                |          |        |                                       |                          |
|--------------------------------|--------------------|--------------|-------------------------------|----------------|----------|--------|---------------------------------------|--------------------------|
|                                | Min<br>Score       | Max<br>Score | Туре                          | Min            | Max      | Weight | Possible Answer Text                  | Possible Answer<br>Value |
| Name : Self Service, Screeners |                    |              |                               |                |          |        |                                       |                          |
|                                | 0                  | 100          |                               |                |          |        |                                       |                          |
|                                |                    |              | Text : Pacing                 |                |          |        |                                       |                          |
|                                |                    |              | Multiple Choice               | 0              | 1        | 6      |                                       |                          |
|                                |                    |              | Watapie Offoloe               | Ü              |          | · ·    | Chaotic                               | 0                        |
|                                |                    |              |                               |                |          |        | Diffult to to follow                  | 0                        |
|                                |                    |              |                               |                |          |        | Slow                                  | 0                        |
|                                |                    |              |                               |                |          |        | Start and Stop                        | 0                        |
|                                |                    |              |                               |                |          |        | Jittery                               | 0                        |
|                                |                    |              |                               |                |          |        | Smooth                                | 1                        |
|                                |                    |              |                               |                |          |        | Dead Air                              | 0                        |
|                                |                    |              | Text : Use of Profanit        | y or Offensive | Language |        |                                       |                          |
|                                |                    |              | Multiple Choice               | 0              | 1        | 6      |                                       |                          |
|                                |                    |              |                               |                |          |        | The agent used profanity              | 0                        |
|                                |                    |              |                               |                |          |        | The agent was difficult to understand | 0                        |
|                                |                    |              |                               |                |          |        | The agent used som slang              | 0                        |
|                                |                    |              |                               |                |          |        | The agent was professional            | 1                        |
|                                |                    |              | Text : Comments               |                |          |        |                                       |                          |
|                                |                    |              | Free<br>Text(non-scorin<br>g) | 0              | 0        | 0      |                                       |                          |
| Recogn                         | nize Brand Loyalty | ,            |                               |                |          |        |                                       | 0                        |
|                                | <b>2 2., u</b> it, |              | Text : Social Media           |                |          |        |                                       |                          |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

| Questionnane                   |              |              | Question              |                |     |        |                      |                          |
|--------------------------------|--------------|--------------|-----------------------|----------------|-----|--------|----------------------|--------------------------|
|                                | Min<br>Score | Max<br>Score | Туре                  | Min            | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : Self Service, Screeners |              |              |                       |                |     |        |                      |                          |
|                                | 0            | 100          |                       |                |     |        |                      |                          |
|                                |              |              | Text : Social Media   |                |     |        |                      |                          |
|                                |              |              | True/False            | 0              | 1   | 6      |                      |                          |
|                                |              |              |                       |                |     |        | Yes                  | 1                        |
|                                |              |              |                       |                |     |        | No                   | 0                        |
|                                |              |              | Text : Offer Basic Se | ervices        |     |        |                      |                          |
|                                |              |              | Multiple Choice       | 0              | 1   | 6      |                      |                          |
|                                |              |              |                       |                |     |        | Yes, once            | 1                        |
|                                |              |              |                       |                |     |        | Yes, twice           | 0                        |
|                                |              |              |                       |                |     |        | Yes, three times     | 0                        |
|                                |              |              |                       |                |     |        | No                   | 0                        |
| Wrap Up Q                      | uestions     |              |                       |                |     |        |                      |                          |
|                                |              |              | Text : Used appropri  | iate sign-off? |     |        |                      |                          |
|                                |              |              | True/False            | 0              | 1   | 6      |                      |                          |
|                                |              |              |                       |                |     |        | No                   | 0                        |
|                                |              |              |                       |                |     |        | Yes                  | 1                        |
|                                |              |              | Text : Customer's Na  | ame Used?      |     |        |                      |                          |
|                                |              |              | True/False            | 0              | 1   | 6      |                      |                          |
|                                |              |              |                       |                |     |        | No                   | 0                        |
|                                |              |              |                       |                |     |        | Yes                  | 1                        |
|                                |              |              | Text : Resolution     |                |     |        |                      |                          |
|                                |              |              | True/False            | 0              | 1   | 6      |                      |                          |
|                                |              |              |                       |                |     |        | No                   | 0                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

|                                    | Min<br>Score  | Max<br>Score | Туре                      | Min          | Max        | Weight | Possible Answer Text       | Possible Answer<br>Value |
|------------------------------------|---------------|--------------|---------------------------|--------------|------------|--------|----------------------------|--------------------------|
| Name : Self Service, Screeners     |               |              |                           |              |            |        |                            |                          |
| ·                                  | 0             | 100          |                           |              |            |        |                            |                          |
|                                    |               |              | Text : Resolution         |              |            |        |                            |                          |
|                                    |               |              | True/False                | 0            | 1          | 6      |                            |                          |
|                                    |               |              |                           |              |            |        | Yes                        | 1                        |
|                                    |               |              | Text : Comments           |              |            |        |                            |                          |
|                                    |               |              | Free                      | 0            | 1          | 0      |                            |                          |
|                                    |               |              | Text(non-scorin g)        |              |            |        |                            |                          |
|                                    |               |              | 37                        |              |            |        |                            | 0                        |
| Hold/ Trans                        | fer Etiquette |              |                           |              |            |        |                            |                          |
|                                    |               |              | Text : Ask before placing | g the custom | er on hold | ?      |                            |                          |
|                                    |               |              | True/False                | 0            | 1          | 6      |                            |                          |
|                                    |               |              |                           |              |            |        | Yes                        | 1                        |
|                                    |               |              |                           |              |            |        | No                         | 0                        |
|                                    |               |              | Text : Warm Hand Off      |              |            |        |                            |                          |
|                                    |               |              | True/False                | 0            | 1          | 6      |                            |                          |
|                                    |               |              |                           |              |            |        | Yes                        | 1                        |
|                                    |               |              |                           |              |            |        | No                         | 0                        |
| Name : Shipping Agent Customer Ser |               |              |                           |              |            |        |                            |                          |
|                                    | 0             | 13           |                           |              |            |        |                            |                          |
| Agent's He                         | lpfulness     |              | <del>-</del>              | 4 4          |            |        |                            |                          |
|                                    |               |              | Text : How helpful was    |              |            |        |                            |                          |
|                                    |               |              | Multiple Choice           | 0            | 2          | 2      | 5                          | _                        |
|                                    |               |              |                           |              |            |        | Resolved the issue quickly | 2                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

### Question

| Min   | Max   |      |
|-------|-------|------|
| Score | Score | Туре |

Agent's Attitude

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

Name: Shipping Agent Customer Service

| Text : How helpful w  | as the agent v  | vith the custom   | er?       |                                  |   |
|-----------------------|-----------------|-------------------|-----------|----------------------------------|---|
| Multiple Choice       | 0               | 2                 | 2         |                                  |   |
|                       |                 |                   |           | Eventually got things worked out | 1 |
|                       |                 |                   |           | Didn't help much                 | 0 |
|                       |                 |                   |           | No help at all                   | 0 |
|                       |                 |                   |           | Actually made things worse       | 0 |
| Text : Did the agent  | understand th   | e customer's is   | sue?      |                                  |   |
| True/False            | 0               | 1                 | 1         |                                  |   |
|                       |                 |                   |           | Yes                              | 1 |
|                       |                 |                   |           | No                               | 0 |
| Text : Did the custon | ner seem satis  | sfied with the re | solution? |                                  |   |
| True/False            | 0               | 1                 | 2         |                                  |   |
|                       |                 |                   |           | Yes                              | 1 |
|                       |                 |                   |           | No                               | 0 |
| Text : How was the a  | igent's overall | demeanor?         |           |                                  |   |
| Multiple Choice       | 0               | 2                 | 2         |                                  |   |
| ·                     |                 |                   |           | Awesome                          | 2 |
|                       |                 |                   |           | Slightly less than awesome       | 1 |
|                       |                 |                   |           | Okay                             | 0 |
|                       |                 |                   |           | Nope                             | 0 |
|                       |                 |                   |           | Agent was a real @#\$%           | 0 |
|                       |                 |                   |           |                                  |   |

Questionnaire Range or List <All>

<All>

**Questionnaire Group Name Range or List:** 

Questionnaire

| Questionnane                           |              |              | Question              |                 |               |               |                                |                          |
|--|--------------|--------------|-----------------------|-----------------|---------------|---------------|--------------------------------|--------------------------|
|  | Min<br>Score | Max<br>Score | Туре                  | Min             | Max           | Weight        | Possible Answer Text           | Possible Answer<br>Value |
| Name : Shipping Agent Customer Service | 9            |              |                       |                 |               |               |                                |                          |
|  | 0            | 13           |                       |                 |               |               |                                |                          |
|  |              |              | Text : Was the agent  | engaged in the  | a customar's  | e augetion or | Seusa:                         |                          |
|  |              |              | True/False            | 0               | 1             | 1             | issue i                        |                          |
|  |              |              | True/Faise            | U               | 1             | '             | Yes                            | 1                        |
|  |              |              |                       |                 |               |               | No                             | 0                        |
|  |              |              |                       |                 |               |               |                                | v                        |
|  |              |              |                       |                 | s playing Fla | ppy Birds wh  | ile he spoke to the customer?  |                          |
|  |              |              | True/False            | 0               | 1             | 1             |                                |                          |
|  |              |              |                       |                 |               |               | Yes                            | 1                        |
|  |              |              |                       |                 |               |               | No                             | 0                        |
| Name : Starwood Heart and Soul         |              |              |                       |                 |               |               |                                |                          |
| Make 16 Manage                         | 0            | 100          |                       |                 |               |               |                                |                          |
| Make It Memora                         | able         |              | Total Decreased with  |                 |               | 4:            |                                |                          |
|  |              |              | Text : Respond auth   |                 |               |               |                                |                          |
|  |              |              | Multiple Choice       | 0               | 10            | 2             | Emilia                         | 40                       |
|  |              |              |                       |                 |               |               | Exceed                         | 10                       |
| Heart and Soul                         | Call Hand    | II:          |                       |                 |               |               | Do not use                     | U                        |
| neart and Soul                         | Call Hallu   | iiiig        | Text : Discovery - As | rk augetione to | undorstand    | the reason fo | or the call                    |                          |
|  |              |              | True/False            | 0               | 10            |               | n the can                      |                          |
|  |              |              | True/Faise            | U               | 10            | 2             | No                             | 0                        |
|  |              |              |                       |                 |               |               | Yes                            | 10                       |
|  |              |              |                       |                 |               |               |                                | 10                       |
|  |              |              |                       |                 |               |               | y, confidently, and positively |                          |
|  |              |              | True/False            | 0               | 10            | 2             |                                |                          |
|  |              |              |                       |                 |               |               | No                             | 0                        |

Questionnaire Range or List <All>
Questionnaire Group Name Range or List :

#### Questionnaire Question Possible Answer Min Max Type Min Max Weight Value Possible Answer Text Score Score Name: Starwood Heart and Soul 0 100 Text: Ownership/Service Delivery - Deliver the answer clearly, confidently, and positively True/False 0 10 2 Yes 10 Text: Address the caller's issues proactively and offer alternatives True/False 10 2 10 Yes No 0 Effectively Open and Close the Call Text: First Impression - Greet and offer assistance True/False 0 10 10 Yes No 0 Text: Last Impression - Offer further assistance and close the call True/False 10 10 Yes No 0 Name : Test 1 0 0 Intro section Text: Question 1 True/False 0 1 0

Print Date: Friday, August 4, 2017 10:13:50AM

Genesys

Yes No

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

| Questionnaire     |       |              |              | Question        |     |     |        |                      |                          |
|-------------------|-------|--------------|--------------|-----------------|-----|-----|--------|----------------------|--------------------------|
|                   |       | Min<br>Score | Max<br>Score | Туре            | Min | Max | Weight | Possible Answer Text | Possible Answer<br>Value |
| Name : test_aly_1 |       |              |              |                 |     |     |        |                      |                          |
|                   |       | 0            | 5            |                 |     |     |        |                      |                          |
|                   | Agent |              |              |                 |     |     |        |                      |                          |
|                   |       |              |              | Text : Security |     |     |        |                      |                          |
|                   |       |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                   |       |              |              |                 |     |     |        | No                   | 0                        |
|                   |       |              |              |                 |     |     |        | Yes                  | 1                        |
|                   |       |              |              | Text : Intro    |     |     |        |                      |                          |
|                   |       |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                   |       |              |              |                 |     |     |        | No                   | 0                        |
|                   |       |              |              |                 |     |     |        | Yes                  | 1                        |
|                   |       |              |              | Text : Polite   |     |     |        |                      |                          |
|                   |       |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                   |       |              |              |                 |     |     |        | No                   | 0                        |
|                   |       |              |              |                 |     |     |        | Yes                  | 1                        |
|                   |       |              |              | Text : Listen   |     |     |        |                      |                          |
|                   |       |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                   |       |              |              |                 | •   | •   | ·      | No                   | 0                        |
|                   |       |              |              |                 |     |     |        | Yes                  | 1                        |
|                   |       |              |              | Text : Close    |     |     |        |                      |                          |
|                   |       |              |              | True/False      | 0   | 1   | 1      |                      |                          |
|                   |       |              |              | Truc/T alsc     | U   | '   | '      | No                   | 0                        |
|                   |       |              |              |                 |     |     |        | Yes                  | 1                        |
|                   |       |              |              |                 |     |     |        | · <del></del>        | •                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

|                       |         | Min<br>Score | Max<br>Score | Туре                 | Min             | Max     | Weight | Possible Answer Text | Possible Answer<br>Value |
|-----------------------|---------|--------------|--------------|----------------------|-----------------|---------|--------|----------------------|--------------------------|
| Name : test_aly_1     |         |              |              |                      |                 |         |        |                      |                          |
|                       |         | 0            | 5            |                      |                 |         |        |                      |                          |
|                       |         |              |              | Text : Q1            |                 |         |        |                      |                          |
|                       |         |              |              | True/False           | 0               | 1       | 0      |                      |                          |
|                       |         |              |              |                      |                 |         |        | No                   | 0                        |
|                       |         |              |              |                      |                 |         |        | Yes                  | 1                        |
|                       |         |              |              | Text : Q2            |                 |         |        |                      |                          |
|                       |         |              |              | True/False           | 0               | 1       | 0      |                      |                          |
|                       |         |              |              |                      |                 |         |        | No                   | 0                        |
|                       |         |              |              |                      |                 |         |        | Yes                  | 1                        |
|                       |         |              |              | Text : Q3            |                 |         |        |                      |                          |
|                       |         |              |              | True/False           | 0               | 1       | 0      |                      |                          |
|                       |         |              |              |                      |                 |         |        | No                   | 0                        |
|                       |         |              |              |                      |                 |         |        | Yes                  | 1                        |
| Name : Todd's Questio | naire   |              |              |                      |                 |         |        |                      |                          |
|                       |         | 1            | 6            |                      |                 |         |        |                      |                          |
|                       | Summary |              |              |                      |                 |         |        |                      |                          |
|                       |         |              |              | Text : Overall, shou | d this recordin | g pass? |        |                      |                          |
|                       |         |              |              | True/False           | 0               | 1       | 1      |                      |                          |
|                       |         |              |              |                      |                 |         |        | Yes                  | 1                        |
|                       |         |              |              |                      |                 |         |        | No                   | 0                        |
|                       | Intro   |              |              |                      |                 |         |        |                      |                          |
|                       |         |              |              | Text : Did the agent |                 |         |        |                      |                          |
|                       |         |              |              | True/False           | 0               | 1       | 1      |                      |                          |
|                       |         |              |              |                      |                 |         |        | Yes                  | 1                        |

**Questionnaire Range or List** 

<All>

**Questionnaire Group Name Range or List:** 

<All>

### Questionnaire

### Question

| Min   | Max   |
|-------|-------|
| Score | Score |

|      |     |     |        |                      | Possible Answer |
|------|-----|-----|--------|----------------------|-----------------|
| Туре | Min | Max | Weight | Possible Answer Text | Value           |

Name: Todd's Questionaire

1 6

| Text : Did the agent v | valoomo the o   | allor? |       |  |
|------------------------|-----------------|--------|-------|--|
| rext : Did the agent v | weicome the c   | aller  |       |  |
| True/False             | 0               | 1      | 1     |  |
|                        |                 |        | No    |  |
| Text : Did the agent s | say his/her naı | me?    |       |  |
| True/False             | 0               | 1      | 1     |  |
|                        |                 |        | Yes   |  |
|                        |                 |        | No    |  |
| Text : How did the aç  | gent sound?     |        |       |  |
| Multiple Choice        | 1               | 3      | 1     |  |
|                        |                 |        | Нарру |  |

So so Barely alive