

[Company Name]

How Are We Doing?

We are committed to providing you with the best dining experience possible, so we welcome your comments. Please fill out this questionnaire and place it in the box in our lobby. Thank you.

Please rate the quality of the service you received from your host.

1 2 3 4 5

Disappointing Exceptional

Please rate the quality of the service you received from your server.

1 2 3 4 5

Disappointing Exceptional

Was your server...

Courteous? Yes | No

Informative? Yes | No

Prompt and efficient? Yes | No

Please rate the quality of your entree.

1 2 3 4 5

Disappointing Exceptional

Please rate the quality of your beverage.

1 2 3 4 5

Disappointing Exceptional

Was our restaurant clean?

1 2 3 4 5

Disappointing Exceptional

Please rate your overall dining experience.

1 2 3 4 5

Disappointing Exceptional

How frequently do you visit our restaurant?

3-5 times per month 1-2 times per month

Once every 2 months Other

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Continued

Do you plan to return to our restaurant?

Yes | No

Would you recommend our restaurant to a friend?

Yes | No

Why, or why not?

If your visit was to celebrate a special occasion, how might we have made it more memorable?

What dish did you order?

What dishes would you like added to our menu?

Please share any additional comments or suggestions.

[Company Name]

[Address]
City, ST ZIP Code
[Phone]
[Website]

[Company Name]

Continued

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