

Overall Restaurant Evaluation Template 2

Did you have a reservation?

- Yes
- No

If yes, approx. how many minutes did you wait before you were seated?

- 5 – 10 mins.
- 10 –15 mins.
- 15- 20 mins.
- More than 20 mins.

*Please indicate your level of agreement or disagreement with the following statements.
(1 for Strongly Disagree/5 for Strongly Agree)*

FOOD	1	2	3	4	5
Hot & Fresh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Great Menu Selections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excellent Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SERVER					
Attentive and Quick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable and Courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinated with timing of meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESTAURANT					
Warm & Friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-smoking and smoking area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean, Organized & Well Lit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share your comments/suggestions about (Restaurant Name)

Thank you very much for your participation in our survey.

Your feedback will surely help us to provide a continuously high level of satisfaction in quality and service!