

RESTAURANT SURVEY FORM

Please select a satisfaction rating for each aspect of your restaurant experience.

- 1 = Terrible
- 2 = Unsatisfying
- 3 = Neutral
- 4 = Very Satisfying
- 5 = Exceptional

	1	2	3	4	5
How satisfied were you with our service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you promptly greeted by a host upon arrival?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you find the exterior and interior of the restaurant to be clean?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the food you ordered of good quality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you satisfied with the size of portions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you enjoy the overall ambience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend this restaurant to a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suggestions:

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