

Restaurant Diner Experience Survey

Name (optional)

Email (optional)

Visit Details

Date of Visit

Time of Visit

Number of People in Your Party

Where did you dine?

Experience Ratings

Food Quality

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Service

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Cleanliness

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Ambiance

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Value for Money

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Feedback

What did you enjoy most?

What could be improved?

Additional Comments

Would you recommend us to others?

☐ Yes

☐ No