

Restaurant Customer Research Survey

Basic Information

Name

Email

Age

Dining Experience

How often do you dine at our restaurant?

☐ Weekly ☐ Monthly ☐ Rarely

What is your favorite meal to order?

How satisfied are you with the following?

Food Quality

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Service

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Ambience

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Feedback

What can we improve?

Additional comments