

Bed & Breakfast Guest Experience Questionnaire

Basic Information

Name

Email

Date of Stay

Room Number/Name

Your Experience

How would you rate your overall experience?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Rate the following aspects:

Cleanliness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comfort

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Staff Friendliness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Breakfast Service

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you enjoy most about your stay?

What could we improve?

Additional Comments

Any other feedback or suggestions?

