

Guest Experience Assessment for Restaurant Visits

Visit Information

Date of Visit

Time of Visit

Number of Guests

Name of Staff (if known)

Assessment

Greeting and Welcome

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Cleanliness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Staff Attentiveness

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Speed of Service

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Food Quality

- ☐ 1

- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Comments

What did you like about your visit?

Areas for improvement

Any other feedback

Overall Experience

Overall Rating

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5