

Guest Experience Assessment for Restaurant Visits

Visit Information

Date of Visit

Time of Visit

e.g. 7:30 PM

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