

Restaurant Food and Service Feedback Questionnaire

Your Contact Details (Optional)

Name

Email

Food Quality

How would you rate the taste and quality of your meal?

☐ Excellent ☐ Good ☐ Average ☐ Poor

What was your favorite dish?

Service

How would you rate the service?

☐ Excellent ☐ Good ☐ Average ☐ Poor

How long did you wait for your food? (minutes)

Cleanliness

How would you rate the cleanliness of the restaurant?

☐ Excellent ☐ Good ☐ Average ☐ Poor

Overall Experience

How likely are you to recommend us to others?

1 10

Additional Comments or Suggestions