

Restaurant Guest Experience Evaluation

Guest Information

Name (optional):

Date of Visit:

Time of Visit:

Number of Guests:

Evaluation

Service Quality:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Food Quality:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Ambiance:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Cleanliness:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Value for Money:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Additional Comments

Your Feedback:

Suggestions for Improvement:

Would you recommend us?