

Restaurant Dining Experience Evaluation Sheet

Thank you for dining with us. Please take a moment to rate your experience. This sheet is designed to be printed and filled out by hand, or completed digitally below.

General Information

Date of Visit: Time of Visit:
Table Number: Server Name:

Food & Beverage Quality

Please rate the following aspects on a scale of 1 to 5 (1 = Poor, 5 = Excellent), or write your comments.

Evaluation Item	Rating (1-5)	Specific Comments
Food Taste & Flavor	<input type="text"/>	<input type="text"/>
Food Presentation	<input type="text"/>	<input type="text"/>
Menu Variety	<input type="text"/>	<input type="text"/>
Beverage Quality	<input type="text"/>	<input type="text"/>

Service & Hospitality

Evaluation Item	Rating (1-5)	Specific Comments
Greeting & Seating	<input type="text"/>	<input type="text"/>
Server Attentiveness	<input type="text"/>	<input type="text"/>
Speed of Service	<input type="text"/>	<input type="text"/>
Server Friendliness	<input type="text"/>	<input type="text"/>

Ambience & Cleanliness

Evaluation Item	Rating (1-5)	Specific Comments
Dining Area Cleanliness	<input type="text"/>	<input type="text"/>
Restroom Cleanliness	<input type="text"/>	<input type="text"/>
Lighting & Music Level	<input type="text"/>	<input type="text"/>
Overall Atmosphere	<input type="text"/>	<input type="text"/>

Overall Experience

What did you enjoy most about your visit?

What areas do you think we can improve upon?

Would you recommend us to friends and family? (Yes / No / Comments)

Customer Contact Information (Optional)

Name:
Email Address:

Phone Number: