



SECRET SHOPPER SURVEY FORM – RESTAURANT

Restaurant Name _____ Address _____

Day & Date of Visit _____ Time of Visit _____

Name or Description of Host/Hostess _____

Name or Description of Server _____

Restaurant Appearance

1. Was the restaurant's outside appearance attractive –
Did the restaurant have curb appeal?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Did the outside appear to be clean – clear sidewalks,
clean windows and doors, etc.?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. Was the restaurant clean and attractive inside?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. Was the host/hostess area attractive and spacious?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. How did you feel about the overall appearance of the
restaurant?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Restaurant Staff

1. Were you promptly greeted by the host/hostess?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Was the greeting friendly & professional?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. Were you seated promptly?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. If not immediately seated, was the host/hostess

- a. on the phone _____
- b. talking with staff _____
- c. on the computer _____
- d. helping another customer _____
- e. no one present _____

f. other _____

If the host was occupied, did the host/hostess let you know that he/she would be right with you? _____ Yes _____ No

5. Was the server knowledgeable about the menu selection?

1	2	3	4	5
Needs Imp.		Good		Excellent

6. Did the server suggest a beverage or appetizer?

1	2	3	4	5
Needs Imp.		Good		Excellent

7. Was the server's appearance appropriate to the nature of the restaurant?

1	2	3	4	5
Needs Imp.		Good		Excellent

8. Was the greeter's appearance appropriate to the nature of the restaurant?

1	2	3	4	5
Needs Imp.		Good		Excellent

9. Did the food arrive in a timely fashion?

1	2	3	4	5
Needs Imp.		Good		Excellent

10. Did the server check back with you during the course of your meal?

1	2	3	4	5
Needs Imp.		Good		Excellent

11. Were the plates cleared at the end of your meal?

1	2	3	4	5
Needs Imp.		Good		Excellent

12. Was the bill settled in a timely fashion?

1	2	3	4	5
Needs Imp.		Good		Excellent

13. What was your overall experience with the customer service?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Food

1. What is your overall impression of the menu selection?

1	2	3	4	5
Needs Imp.		Good		Excellent

2. Did your meal arrive as ordered?

1	2	3	4	5
Needs Imp.		Good		Excellent

3. How would you rate the overall food presentation?

1	2	3	4	5
Needs Imp.		Good		Excellent

4. Did the food meet expectations, i.e. quality, temperature?

1	2	3	4	5
Needs Imp.		Good		Excellent

5. Was the menu item a good value for the price?

1	2	3	4	5
Needs Imp.		Good		Excellent

6. At the completion of your meal, did your server invite you to return?

1	2	3	4	5
Needs Imp.		Good		Excellent

Comments:

Was the overall dining experience enjoyable, leaving you with a desire to return?

1	2	3	4	5
Needs Imp.		Good		Excellent

Miscellaneous

1. Were Downtown Rochester Business Directories clearly visible? ____ Yes ____ No ____ N/A
2. What was your total dollars spent? _____
3. Were the restaurant hours convenient? ____ Yes ____ No

Additional Comments:

Please return this form using the enclosed self-addressed, stamped envelope within (7) days of your visit. Thank you for taking the time to participate in Downtown Rochester’s Secret Shopper Program.