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?

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

3. Was the restaurant clean and attractive inside?

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

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

Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Restaurant Staff

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

2. Was the greeting friendly & professional?

3. Were you seated promptly?

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?

6. Did the server suggest a beverage or appetizer?

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

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

9. Did the food arrive in a timely fashion?

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

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

12. Was the bill settled in a timely fashion?

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

Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Food**

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

2. Did your meal arrive as ordered?

3. How would you rate the overall food presentation?
4. Did the food meet expectations, i.e. quality, temperature?

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

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

Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

**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.