



## 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

- on the phone \_\_\_\_\_
- talking with staff \_\_\_\_\_
- on the computer \_\_\_\_\_
- helping another customer \_\_\_\_\_
- 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 |

|            |   |      |   |           |
|------------|---|------|---|-----------|
| 1          | 2 | 3    | 4 | 5         |
| Needs Imp. |   | Good |   | Excellent |

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

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.**