**Food Survey Evaluation Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Meal Time (Breakfast/Lunch/Dinner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rate the following elements of your dining experience:**

1. **Food Taste and Flavor: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
2. **Presentation of Meals: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
3. **Speed of Service: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
4. **Availability of Healthy Options: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**
5. **Overall Dining Experience: [ 1 ] [ 2 ] [ 3 ] [ 4 ] [ 5 ]**

**Table for Detailed Responses:**

| **Question** | **Response** | **Comments** | **Improvement Ideas** |
| --- | --- | --- | --- |
| **Was the food enjoyable?** |  |  |  |
| **Was the portion size adequate?** |  |  |  |
| **Were the prices reasonable?** |  |  |  |
| **Was the service prompt?** |  |  |  |

**Any Additional Comments:**