

# 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:

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