****

 **SECRET DINER SURVEY FORM**

Restaurant Name Address Day & Date of Visit Time of Visit

**Restaurant Appearance**

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

1. OUTSIDE, was the restaurant’s appearance attractive? Did the restaurant have curb appeal?

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

1. Did the outside appear to be clean – Clear sidewalks,

clean windows and doors, etc.?

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

3. INSIDE, was the restaurant clean and attractive?

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

4. How did you feel about the overall appearance?

Comments:

­­­­­­­­

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

**Food**

1. What is your impression of the menu selection?

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

1. 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. Did this dining experience leave you with a desire to return?

Comments:

**Restaurant Staff**

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

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

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

2. Were you promptly seated?

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

\_\_\_\_\_on the phone­­\_\_\_\_\_talking with staff\_\_\_\_\_on the computer

\_\_\_\_\_helping another customer\_\_\_\_\_no one present\_\_\_\_\_other

If the host/hostess was occupied, did the he/she let you know that he/she would be right

 with you? Yes No

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

 4. Was the server knowledgeable about the menu selection?

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

 5. Was the server’s appearance appropriate?

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

 6. Did the food arrive in a timely fashion?

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

 7. Did the server check back with you during your meal?

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

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

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

 9. Was the bill settled in a timely fashion?

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

 10. What was your overall experience with the service?

Comments:

**Other**

1. What was the total dollar amount that you spent?

2. Were the restaurant hours convenient? Yes No

Additional Comments:

Name (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone Number (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the SBBID Office at 8 St. Andrews Place Yonkers 10705 using the enclosed Stamped/Self Addressed envelope within (7) days of your visit. Thank you for taking the time to participate in South Broadway’s Secret Diner Program. PUBLIC17**