

Customer Satisfaction Survey Questionnaire

I. Questions

Directions: Please indicate your level of agreement or disagreement with each of these statements regarding QRZ Family Restaurant. Place an "X" mark in the box of your answer.

Q1: How many times per year do you visit QRZ Family Restaurant?

Q2: Do you visit QRZ Family Restaurant with family or friends?

Yes

No

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The store is accessibly located.					
2. Store hours are convenient for my dining needs.					
3. Advertised dish was in stock.					
4. A good selection of dishes was present.					
5. The meals sold are a good value for the money.					
6. Store has the lowest prices in the area.					
7. Meals sold are of the highest quality.					
8. Store atmosphere and decor are appealing.					

Q9: How would you rate your overall experience at the QRZ Family Restaurant?

- Highly satisfactory**
- Satisfactory**
- Neutral**
- Unsatisfactory**
- Highly Unsatisfactory**

Q10: What could we do to make your restaurant dining experience better?

Notes: The questionnaire may contain mixed closed-ended and open-ended questions as well as response formats. However, it is ideal to begin with closed-ended questions for higher response rates.

III. Demographic Data

Name (optional): _____

Age: _____

Gender: _____

Number of Family Members:

- 1-2**
- 3-5**
- 6-10**
- more than 10**

Email Address (optional): _____

Notes: This section is optional. The questions asking for demographic data should be relevant to the survey goal and must point to the characteristics of the target population.

IV. Thank you for sharing your thoughts with us. Enjoy dining at QRZ Family Restaurant.

Note: This section may also include further information regarding on how to claim the incentive that you wish to provide to the respondent.