



NUTRITION AND FOOD SERVICES

CAFETERIA CUSTOMER SATISFACTION SURVEY

FACILITY: _____

DATE: _____

NAME OF CUSTOMER: (Optional) _____

Mark all areas with YES, No, or N/A

Criteria	Yes	No	Not Applicable	Comments
MEAL QUALITY				
1) Are the meals tasty?				
2) Are the meals served at the right temperature?				
3) Are portion sizes adequate?				
4) Is the food presented in an attractive appealing fashion?				
5) Is there enough variety in the menu?				
6) Is there choice available?				
7) Do the foods we offer meet your dietary needs?				
SERVICE				
1) Are those who serve your meals pleasant and friendly?				
2) Are comments or concerns about meal service dealt with to your satisfaction?				
ENVIRONMENT / DINING AREA				
1) Is the eating space adequate?				
2) Is your dishware clean?				
3) Are the dishes in good condition?				
MISCELLANEOUS				
1) How frequently do you use the cafeteria service?		Daily	Weekly	Monthly
2) What meals do you use the cafeteria service for?		Breakfast	Lunch	Supper Snacks
3) What menu items do you enjoy the most?				
4) What menu items are your least favorite?				
5) What items would you like to see offered in the cafeteria?				

Thank you for completing the survey. Your feedback is important to us.