SAMPLE MYSTERY SHOP QUESTIONNAIRE

Mid-Scale Casual Restaurant



NOTE: It is assumed that not all questions may apply to what you're measuring, and it is expected that inapplicable questions would be removed or replaced with more applicable ones. Any place where the questionnaire references **x** in the question, it is intended for you to put in your own specific operational standard.

Section 1: Hostess Interaction

1. Upon entering the restaurant, did someone greet you within **x** seconds?

| Yes |
|-----|
|-----|

| No |
|----|
|----|

2. When you arrived, were you added to a wait list?



🗌 No, I was seated right away

2a. If yes, were you told how long the wait would be?

| | Yes |
|--|-----|
|--|-----|

No No

2ai. If yes, were you seated within the time that was established?



3. Were you asked for your seating preferences (table, booth, bar etc.)?

| Yes | 🗌 No |
|-----|------|
|-----|------|

4. Did the person who sat you place each menu face up on the table in front of you and your guest(s) once you were seated?

| Yes |
|-----|
|-----|

🗌 No

Section 2: Server Interaction

5. After being seated, did your server greet you within **x** seconds/minutes of being seated?

| Yes |
|-----|
| |

🗌 No

No

6. Did the server explain the daily specials or signature dishes?

| Yes |
|-----|
|-----|

🗌 N/A

7. Did the server offer to take your drink order at the first interaction?

| Yes | 🗌 No |
|-----|------|
|-----|------|

8. Were the drinks delivered within **x** seconds/minutes?



9. Were you offered a second drink before the first one was finished?

| Yes [|] No |
|-------|------|
|-------|------|



10. When taking your order, did the server suggest appetizers, soup or salad?

| Yes | No |) |
|-----|----|---|
|-----|----|---|

11. Was the server knowledgeable about the menu?

| | Yes | | No |
|--|-----|--|----|
|--|-----|--|----|

12. Was the food delivered within **x** seconds/minutes?

| Yes | No |
|-----|----|
|-----|----|

12a. If no,

- You were advised during the order process that things may take longer than usual
- You were advised and/or apologized to during your wait that things were taking longer than usual
- You were apologized to for the wait when the food did arrive

You were not advised or apologized to at any time regarding the wait time for the food

13. Did the server check back with you within **x** seconds/minutes of the food being delivered?



🗌 No

14. After you finished your main meal, did your server suggest dessert, coffee, or after dinner drinks?

| | Yes |
|--|-----|
|--|-----|

🗌 No



15. At the end of your visit, did the server invite you to complete a customer satisfaction survey?

| Yes | 🗌 No |
|-----|------|
|-----|------|

16. Were you encouraged to answer the questions on the customer satisfaction survey in a certain way?

| Yes | |
|-----|--|
|-----|--|

🗌 No

17. All through your dining experience, did the server appear happy to serve you?

Yes No

18. Provide the name of your server.

Section 3: Quality of Meal

19. Did all food and beverage items arrive accurately (as ordered)?

🗌 No

19a. If no, please explain.



20. Was the meal delivered on a clean plate/dish?

| Ye | es |
|----|----|
|----|----|

🗌 No

21. Did the meal look appealing?

Yes

🗌 No

Please upload a photo of your meal as it appeared when it was first served

22. Was the temperature of your food appropriate?

All hot food was hot All cold food was cold

22a. If no, (choose all that apply):

Hot food was too cold

Cold food was too warm

🗌 Other (please explain)

Section 4: Payment Process

23. Were you offered the guest cheque in a timely manner, or was the server readily available to request the guest cheque from?



Yes

🗌 No

24. Was the guest check delivered within **x** seconds/minutes of being offered/requested?

🗌 No



25. Did the guest cheque accurately reflect all items ordered?

| | Yes |
|--|-----|
|--|-----|

🗌 No

26. Was the guest check processed within **x** seconds/minutes of being delivered?

| Yes | 🗌 No |
|-----|------|
|-----|------|

Section 5: Restaurant Appearance

27. Were the items on your table clean (salt & pepper shakers, condiments, cutlery etc.)?



🗌 No

27a. If no, (choose all that apply):

The was one or more pieces of dirty cutlery

The salt & pepper shakers were dirty

The condiment containers were dirty

| Other (please explain) |) |
|------------------------|---|
|------------------------|---|

28. Were the items on the table properly stocked (salt & pepper shakers, condiments, cutlery etc.)?

| Yes | 🗌 No |
|-----|------|
|-----|------|



28a. If no, (choose all that apply):

There was one or more pieces of missing cutlery

There were one or more missing napkins

- The salt & pepper shakers were less than **x** full
- The condiments were less than **x** full

| Other | (please | exp | lain) |
|-------|---------|-----|-------|
| Other | picase | CVD | ann |

29. Looking around the restaurant, did tables, floors, seating and entryway appear to be clean?

| ΟY | es | | No |
|----|----|--|----|
|----|----|--|----|

29a. If no, (choose all that apply):

| | The | table | was | dirty |
|--|-----|-------|-----|-------|
|--|-----|-------|-----|-------|

- The seating was dirty
- The entryway was dirty
- The floor was dirty
- Other (please explain)
- 30. Was the public restroom clean?

🗌 No

30a. If no, (choose all that apply):

- The floor was dirty
- The walls were dirty
- The ceiling was dirty
- One or more toilets/urinals were dirty
- One or more stalls were dirty
- One or more sinks were dirty



31. Was the public restroom well supplied?

| Yes | 🗌 No |
|-----|------|
|-----|------|

31a. If no, (choose all that apply):

There was no paper towel or working hand dryer

There was no soap

There was no toilet paper

Other (please explain)

Section 6: Management

32. During your visit, did you see a manager or supervisor in the dining room or bar area?





32a. If yes, did you see the manager or supervisor interact with customers?

___ Yes

No No

33. During your visit, did a staff member (other than your server) ask you about your experience, thank you and/or invite you to return?





34. Did you experience any issues not listed above during your visit?

| Yes |
|-----|
|-----|

34a. If yes, Please explain

] No

34b. Was the issue resolved to your satisfaction?

| Yes | | No |
|-----|--|----|
|-----|--|----|

34bi. If no, Please explain



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