

SAMPLE MYSTERY SHOP QUESTIONNAIRE

Dine-in for Quick Serve Restaurants



Section 1: Friendliness

1. Did you receive a friendly greeting prior to ordering?
 Yes No greeting Greeting was not friendly
2. Did the cashier smile and make eye contact with you?
 Yes No smile No eye contact
 No smile or eye contact
3. Did the order taker make any suggestive sell during the transaction?
 Yes No
4. What did they offer?
 Larger size of an item Add an item

Section 2: Speed of Service

5. How much time passed between ordering and receiving your food? _____ mins _____ seconds

Section 3: Accuracy

- 6a. Was your order complete and accurate?

Yes

No - Side item was incorrect/not received

No - Drink was incorrect/not received

No - Received additional items not requested

- 6b. If no, did the employee correct the order when you brought it to their attention?

Yes No

7. Did you receive a receipt?

Yes No

8. Was the information on the receipt correct, complete and accurate?

Yes No

Section 4: Food Quality

9. Was your food neatly packaged and presented as expected?

- | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Package damaged or torn | <input type="checkbox"/> Spills on packaging or drink cup |
| <input type="checkbox"/> Side item was spilled out in bag or on tray | <input type="checkbox"/> Foreign object present (e.g., hair, bone) |
| <input type="checkbox"/> Entrée was not neatly assembled and was messy prior to eating | <input type="checkbox"/> Missing sandwich sleeve (only applicable when in product description) |
| <input type="checkbox"/> Incorrect packaging | <input type="checkbox"/> Incorrect identifier on the package |

10. Was your entrée prepared and served properly?

- Yes No

11. Was your side prepared and served properly?

- Yes No

12. Was your food neatly packaged and presented as expected?

- | | |
|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No ice |
| <input type="checkbox"/> Too much ice | <input type="checkbox"/> Flat/watery |
| <input type="checkbox"/> Syrup ratio incorrect | <input type="checkbox"/> Other |

Section 5: Cleanliness

13. Were the floors, tables and chairs clean? Check all that apply.

Yes

Floors dirty

Vacant tables dirty with debris/trays

Chairs dirty or littered

Other

14. Was the beverage self-serve station clean and stocked?

(Note: some restaurant may have self-serve area closed for COVID.) Check all that apply.

Yes

Self-serve area was dirty with soda drips

Fountain selection was out of stock

Napkins, lids, and straws were out of stock

Other

15. Was the condiment self-serve station clean and stocked?

(Note: some restaurant may have self-serve area closed for COVID.) Check all that apply.

Yes

Self-serve area was dirty with sauce drips

Condiments were out of stock

Napkins, lids, and straws were out of stock

Other

16. Was the restroom clean, working properly and adequately stocked. Check all that apply.

Yes

Floors dirty

Toilets and/or urinals dirty
(not from recent use)

Not stocked- toilet paper

Not stocked hand dryer or
paper towel

Not stocked hand soap

Restroom out of order

Not in good repair- toilet, urinal
sink or hand dryer, dispensers
did not work properly

Other

Section 6: Other

17. Was the cashier/order presenter wearing a face mask?

Yes

No

18. Was hand sanitizer readily available for guest use?

Yes

No



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