

SAMPLE MYSTERY SHOP QUESTIONNAIRE

Drive-Thru 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. Did the cashier provide a sincere closing with a thank you and was your order called by name when ready?
 Yes No thank you was given
 No name was not called No name was called or thank you given

Section 2: Speed of Service

5. How much time passed between the time you placed order (after paying) to the time you received your order?

_____ mins _____ seconds

6. Were you asked to pull forward and park to wait for your food?

Yes No

Section 3: Accuracy

6a. Was your order complete and accurate when you received it? Check all that apply.

Yes

No - entrée was incorrect/not received

No - Side item was incorrect/not received

No - Drink was incorrect/ not received

No - Received additional items not requested

No - Did not receive napkins

No - Did not receive straw

No - Did not receive utensil

No - Did not receive requested sauces

6b. If no, did the employee correct the order when you brought it to their attention? (only available if 6a is answered no)

Yes No

7. Were you charged correctly for your items?

Yes No

Section 4: Food Quality

8. Was your food neatly packaged and presented as expected? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Yes | <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"/> 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"/> Foreign object present (e.g., hair, bone) | <input type="checkbox"/> No - Did not receive utensil |
| <input type="checkbox"/> Incorrect packaging | <input type="checkbox"/> Incorrect identifier on the package |

9. Was your entrée prepared and presented properly?

Yes No

10. Was your side prepared and presented properly

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not served warmed or Hot |
| <input type="checkbox"/> Not served with salt
(Crinkle fries only) | <input type="checkbox"/> Served with too much salt
(Crinkle fries only) |
| <input type="checkbox"/> Container was not filled
properly | <input type="checkbox"/> Hard/Dry |
| <input type="checkbox"/> Other | |

11. Was your drink prepared and presented properly? (fountain drinks should be filled half-way with ice/ Iced Tea should be filled to the top with ice)

- | | |
|--|--------------------------------------|
| <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. Did the drive-thru window area appear clean?

- | | |
|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Window was dirty |
| <input type="checkbox"/> Wall under the window
was dirty | |

14. Were the parking lot and landscaping free of excessive debris?

Yes

Excessive debris in parking lot

Excessive debris in landscaping

Other

15. Was the Menu board and speaker box clean?

Yes

No

Section 6: Other

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

Yes

No



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