**Cafe Evaluation Survey Questionnaire**

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Hello,

Please take a few minutes of your time to fill in the following survey.

**How often do you visit cafes?**

Daily

 Several times a week

Once a month

Several times a month

Once a year

Several times a year

Never

**How would you rate as a customer the staff at our cafe?**

 *Please mark: 1 - Excellent, 5 - Worst*

 1 2 3 4 5

A member of staff noticed me and served me immediately

The staff were helpful and pleasant.

The staff didn't create any tension

The service i was provided was quick

The staff met all my needs quickly and to my satisfaction

**To what extent do you agree with the following statements referring to your experience in our cafe?**

 I strongly agree I agree I disagree I strongly disagree.

The quality and speed of service was excellent.

The food served was of a high quality and tasted good

The price list was affordable

The cafe environment was comfortable and soothing

The cafe menu was adequate for my needs

An Internet connection was available and fast enough for my needs.

**How would you rate our coffee?**

**0/5**

**Would you recommend our cafe to a friend or colleague?**

 Yes No

**Please confirm your gender:**

 Male Female

**To which of the following age groups do you belong?**

Under 20 20 – 30 30 – 40 40 – 50 50 - 60Over 60

**Would you like us to improve any aspect of our cafe to suit you better?**

***1500****characters remaining*

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