Please share your thoughts on today's dining experience.

Date: _____ Meal: ○ Breakfast ○ Lunch ○ Dinner

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Taste and quality of meal	○	○	○	○	○
Food served at appropriate temperature	○	○	○	○	○
Service was prompt, courteous, and correct	○	○	○	○	○

Resident Name: _____

Follow-up call requested: ○ No ○ Yes Phone #: _____

Server Name: _____

Menu Item Selected: _____

Meal location: ○ Dining Room ○ Charley's/Bistro/Pub ○ Home Delivery ○ Takeout

What did you enjoy about this experience?

_____

_____

_____

_____

_____

_____

_____

Other comments:

_____

_____

_____

_____