

NUTRITIONAL MEDICINE SERVICE PATRON EVALUATION

Please take a few minutes to evaluate the food service we provide. Your participation is voluntary and will be of value to us. Constructive suggestions will help management improve to food service operation. Thank you.

TIME	MEAL EVALUATED		Instructions: Rate listed items as appropriate. Explain unsatisfactory items in Remarks Section. Legend for Rating Column: O - Outstanding E - Excellent S - Satisfactory U - Unsatisfactory				
DATE	<input type="checkbox"/> Midnight <input type="checkbox"/> Dinner <input type="checkbox"/> Main-line	<input type="checkbox"/> Breakfast <input type="checkbox"/> Supper <input type="checkbox"/> Short-order					
How many meals a week do you eat in this dining room	Are you on a regular diet? (If not, please explain)		ITEMS	O	E	S	U
			1. Courtesy of civilian personnel				
			2. Courtesy of military personnel				
			3. Appearance of line servers				
How do you feel right now?			4. Cleanliness of tableware				
			5. Cleanliness of serving line				
			6. Variety of menu items to select				
CATEGORY OF INDIVIDUAL COMPLETING FORM			7. Availability of posted menu items				
<input type="checkbox"/>	STAFF MEAL CARD HOLDER		8. Size of portion served				
<input type="checkbox"/>	STAFF PAYING CASH WITH SURCHARGE		9. Appearance of food served				
<input type="checkbox"/>	STAFF PAYING CASH WITHOUT SURCHARGE		10. Temperature of food served				
<input type="checkbox"/>	INPATIENT	<input type="checkbox"/> FEMALE	11. Tenderness of meat				
<input type="checkbox"/>	OUTPATIENT	<input type="checkbox"/> MALE	12. Flavor of food				
			OVERALL RATING (Please explain "Unsatisfactory" rating in Remarks Section)				
			<input type="checkbox"/> OUTSTANDING <input type="checkbox"/> EXCELLENT <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY				
REMARKS AND SUGGESTIONS FOR IMPROVEMENTS(Continue on Reverse if more space is needed.)							
Note: If you would like feedback on your comments, please provide name and phone number.			SIGNATURE (Optional)			DUTY PHONE NO. (Optional)	

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PREVIOUS EDITION IS OBSOLETE

AF IMT 2504 CONTINUATION SHEET

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