

# Steakhouse



Date \_\_\_\_\_

Store # \_\_\_\_\_

**Your Opinion Helps us To Serve You Better.  
Thanks For Your Time**

**Please Select A Product (fill in one bubble):**

- |  |  |
|--|--|
| <input type="radio"/> Shrimp Rockefeller | <input type="radio"/> The Delmonico            |
| <input type="radio"/> French Onion Soup  | <input type="radio"/> Woodlands Grilled Salmon |
| <input type="radio"/> The Wedge          | <input type="radio"/> Crème Brule              |
| <input type="radio"/> The Outlaw Ribeye  | <input type="radio"/> Longhorn Steak Tips      |
| <input type="radio"/> Eye of Prime Rib   |  |

**How would you rate the taste?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Poor                    | Fair                    | Average                 | Very Good               | Excellent               |

Comments: \_\_\_\_\_

**How would you rate the Appearance?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Poor                    | Fair                    | Average                 | Very Good               | Excellent               |

Comments: \_\_\_\_\_

**How would you rate the value for money?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Poor                    | Fair                    | Average                 | Very Good               | Excellent               |

Comments: \_\_\_\_\_

**Food was prepared the way I like it?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Unacceptable            | Fair                    | Good                    | Very Good               | Just Right              |

Comments: \_\_\_\_\_

**How likely are you to order it on a future visit to Longhorn?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Definitely Not          | Somewhat Likely         | Likely                  | Probably Will           | Definitely Will         |

Comments: \_\_\_\_\_

**How would you rate your overall satisfaction?**

- |                         |                         |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Poor                    | Fair                    | Average                 | Very Good               | Excellent               |

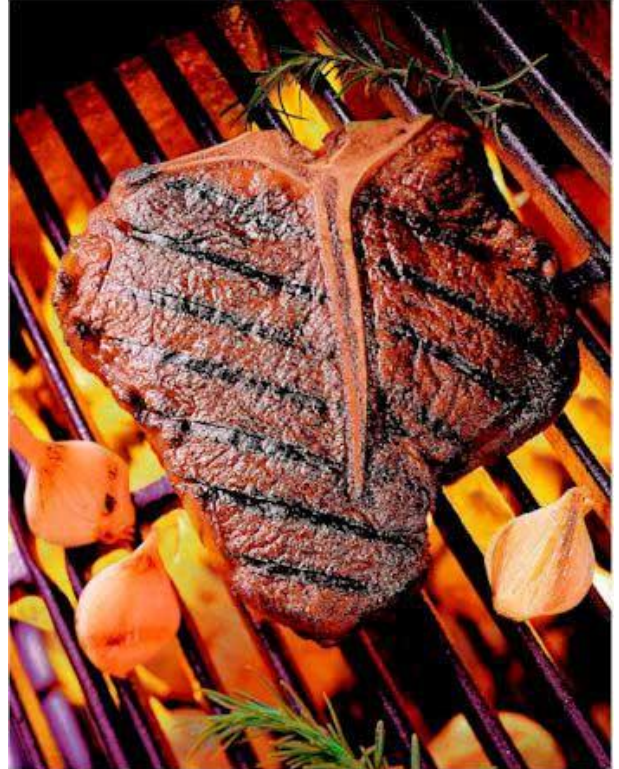
Comments: \_\_\_\_\_

**Meal Occasion:**

- Lunch     Dinner

**Gender:**

- Male     Female



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