|  |
| --- |
| **Which meal(s) did you attend?**Wednesday Dinner Tuesday Lunch Both |
| **What did you eat? Circle all that apply.**Chopped Sirloin Vegetarian QuicheBBQ Chicken Baked HamShepherds Pie LasagnaSweet & Sour Chicken Balls Basa FilletDessert |
| **On a scale of 1 to 10, how much did you enjoy your meal(s)? Please circle on the line or write the number.** 1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - 10Not at all Very much |
| **Please rate the following qualities of your meal(s)? Please circle on the line or write the number.****Temperature**1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - 10Cold Hot**Flavour**1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - - 10Very Bad Very Good**Nutritional Value**1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - - 10 Unhealthy Very Healthy**Price/ Value for Money**1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - - 10 Too Expensive Very Reasonable! |
| **Do you have any suggestions for how your meal or dining experience could have been improved?** |
| **What are some meal options you would like to see on an Oasis menu?** |

**Do you have more feedback? Please put your suggestions in the envelope on the Oasis bulletin board or speak to Simone**