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| **Which meal(s) did you attend?**  Wednesday Dinner Tuesday Lunch Both |
| **What did you eat? Circle all that apply.**  Chopped Sirloin Vegetarian Quiche  BBQ Chicken Baked Ham  Shepherds Pie Lasagna  Sweet & Sour Chicken Balls Basa Fillet  Dessert |
| **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 - - - - - - - - - - - - - - - - - - - - 10  Not 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 - - - - - - - - - - - - - - - - - - - - 10  Cold Hot  **Flavour**  1 - - - - - - - - - - - - - - - - - - - - - 5 - - - - - - - - - - - - - - - - - - - - - 10  Very 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**