

IHOP

CUSTOMER SERVICE & FOOD QUALITY PROGRAM

INSTRUCTIONS

QUESTIONNAIRE

Visit an IHOP restaurant for a dine-in meal to evaluate the customer service, food quality, and restaurant appearance. Recording service times and photos of the food/beverage are required.

Before You Begin

- Review your shop confirmation
- Be prepared to eat inside the restaurant (carryout not allowed)
- Know the observations to make

Don't Forget!

- Make all required observations
- Document the 6 required service times
- Follow the ordering requirements
- Ask a menu question
- Take a photo of all food/beverages



General Requirements

- Read all instructions and the entire questionnaire before you complete the shop.
- Complete the shop on the scheduled date and time of day found in your shop confirmation.
 - Do not arrive outside of your assigned timeframe. Starting your shop even one minute too early or one minute too late may result in non-payment.
- Be seated in the restaurant to eat your meal (no carryout orders).
- Take all required photos and upload them with your report.
- Submit your report to shopperhub.cxgroup.com within 12 hours of completing the shop.
- Retain all documentation for six months following your shop.
- You or your immediate family members cannot currently nor have ever worked for IHOP.



Shop Instructions

Step #1: Be prepared to record the 6 required service times as your meal progresses

- Check your shop confirmation for your assigned day and time of day to visit.
 - **IMPORTANT!** You must complete the shop during the time of day in your confirmation or your report may not be accepted.
- If not seated immediately, ask for the estimated wait time if not provided.
- Bring a phone or other device with you to record service times.
- Record the following service times in minutes:seconds (ex: 01:45):
 1. Time you arrived
 2. Time between entering and being greeted

3. Time between being greeted and being taken to your table MM:SS format (ex: 02:59)
4. Time between being seated and the server/other employee greeting you at the table MM:SS format (ex: 01:29)
5. Time between placing your main entrée order and receiving it MM:SS format (ex: 11:36)
6. Time between receiving your main entrée and the server checking in

- Capture exact times. Use a 'notes' app or something similar on your phone to remember them.

Step #2: Place the minimum food and beverage order for your assigned time of day & ask a menu question

IMPORTANT! You must complete the shop during the time of day in your confirmation or your report may not be accepted.

- Breakfast (arrive between 6:00am-10:30am):
 - Order 1-2 breakfast meals from the breakfast menu only.
 - Do not order a lunch meal or any meal from the Entrees section or separate dinner menu.
 - Order 1-2 beverages (other than water).
- Lunch (arrive between 11:00am-4:30pm):
 - Order 1-2 breakfast or lunch meals from the breakfast or lunch menu only (no dinner entrées). Do not order from the Entrees section or separate dinner menu.
 - Order 1-2 beverages (other than water).
- Dinner (arrive between 5:00pm-10:30pm):
 - Order 1-2 breakfast, lunch, or dinner meals from any menu.
 - Order 1-2 beverages (other than water).
- Do not order side items or a starter as the meal (must be an actual main course).
- Reimbursement is for you and a guest, up to \$35. Additional items will not be reimbursed.
- Ask any question about the menu while ordering to evaluate server knowledge.

Step #3: Take all required photos to upload with your report

- Take 1-2 clear photos of each of the following:
 1. Each food item ordered
 2. Each beverage item ordered
- Take 1-2 clear photos of any cleanliness issues in the following areas:
 - On your table and surrounding areas
 - In the restroom
- Take food/beverage photos before eating/touching any of the food or drink items.
- Avoid including your reflection in the mirror of any restroom cleanliness issue photo.
- Photos that are fuzzy, blurry, washed out, or too dark/shadowed will not be accepted.

Step #4: Make all dining room observations, and visit the restroom at some point

- Confirm if your table and the surrounding area is clean.
 - ✓ Including tabletop, silverware, condiment/syrup caddy, and tabletop signage
 - ✓ Chair or booths, walls, and floor

- Confirm if the restroom is clean, stocked, and well maintained.
 - ✓ Supply of soap, toilet paper, or paper towels (or hand dryer)
 - ✓ Cleanliness of the sink, mirror, toilet, and floor
 - ✓ Condition of all fixtures (note anything broken or out of order)
 - ✓ Trash can appearance (should not be overflowing)

Step #5: Pay for your meal, and get a receipt

- Get a receipt for your meal. Ask for a receipt if not provided.
 - Keep your copy of the itemized receipt that is given to you prior to paying.
 - Upload the itemized receipt and your copy of the final receipt with your report.
 - To ensure proper reimbursement, write the tip amount on the uploaded receipts.



QUESTIONNAIRE

Location:

Shop date:

Start time:

End time:

Visit Information

1. What day of the week did you visit?

☐ Weekday (Mon-Fri)

☐ Weekend (Sat-Sun)

2. What time of day did you visit?

☐ Breakfast 6:00am-10:30am

☐ Dinner 5:00pm-10:30pm

☐ Lunch 11:00am-4:30pm

☐ Late night 11:00pm-5:30am

3. How would you describe the level of business when you were seated?

☐ Heavy (more than 1/2 full)

☐ Light (less than 1/2 full)

☐ Medium (1/2 full)

Warm, Friendly Welcome

4. Host/Hostess name:

Enter the name (if known). If unknown, enter a physical description including gender, and approximate hair color, height, and age.

5. Were you greeted within 30 seconds of entering the restaurant?

☐ Yes

☐ No

6. How were you greeted?

☐ In a warm, friendly, welcoming manner

☐ Politely but lacked warmth and friendliness

☐ Rudely or uninterested (just asked, "How many?" or similar statement)

☐ Not greeted at all

7. Were you seated immediately?

Answer Yes if you were seated within 1 minute or less. Quoted wait time may be given as a single time (ex: 25 minutes) or a range of time (ex: 25-30 minutes). Answer 'No, not given an estimated wait time and did not ask for one' if you were given a non-specific wait time (ex: "It will be just a few minutes") and you did not clarify exactly how long.

☐ Yes

☐ No, given a stated wait time without asking

☐ No, had to ask for an estimated wait time

☐ No, not given an estimated wait time and did not ask for one

☐ N/A – I had to/was asked to seat myself

8. If you were not seated immediately, what was the wait time stated?

If you were given a range of time, enter the largest number quoted. For example, if you were told 25-30 minutes, enter 30:00 for 30 minutes. Format required: MM:SS

9. How long did you wait to be seated?

Format required: MM:SS

10. Were you seated within the stated wait time?

- ☐ Yes, within 5 minutes of the stated wait time
- ☐ No, more than 5 minutes after the stated wait time

- ☐ I was not given a quoted time
- ☐ N/A – I had to/was asked to seat myself or was seated immediately

11. While walking you to the table, did the employee engage in conversation with you or your guest(s)?

- ☐ Yes
- ☐ No
- ☐ N/A – I had to/was asked to seat myself

12. When you were seated, was your table and surrounding area clean and ready?

- Answer Yes if the table, seats, syrup caddy, and the surrounding area was clean, enough silverware for each guest was provided, silverware was clean, and syrup, salt, pepper, and sugar were available.
- Answer No if the above listed items were dirty, sticky, or missing.
- Upload a photo of cleanliness issue(s) observed, if any.

- ☐ Yes
- ☐ No

13. If no, what was the issue with the table or surrounding area?

Select all that apply.

- | | |
|--|--|
| ☐ Table was not cleared | ☐ Syrup caddy was dirty or sticky |
| ☐ Table/seats were wet | ☐ Floor around table was dirty/littered |
| ☐ Table/seats were sticky | ☐ Floor around table was wet |
| ☐ Insufficient silverware | ☐ Floor around table was sticky |
| ☐ Silverware was dirty | ☐ Window(s) were not clean |
| ☐ Syrup caddy, salt, pepper, or sugar was missing | ☐ Windowsill(s) were dirty or sticky |
| | ☐ N/A |

14. Was music being played at a comfortable level?

- ☐ Yes
- ☐ No, music was too low
- ☐ No, music was too loud
- ☐ No, music was not playing

iHospitality with Quick Service**15. Server name:**

Enter the name (if known). If unknown, enter a physical description including gender, and approximate hair color, height, and age.

16. How long did you wait after you were seated before your server or other employee greeted you at the table?

Format required: MM:SS

17. Were you greeted within two minutes of being seated?

- ☐ Yes
- ☐ No

18. How would you describe your server's interaction with you and your guests throughout the meal?

- Example of 'Genuinely warm and friendly': smiling, making eye contact, being engaged in conversation, etc.
- Example of 'Polite, but lacked warmth and friendliness': not really smiling or making eye contact, going through the motions but not real engaged.

- ☐ Genuinely warm and friendly
- ☐ Polite, just going through the motions but lacked warmth and friendliness
- ☐ Rude or uninterested

19. How would you describe the server's knowledge of the menu?

☐ Knowledgeable (answered questions and provided information without aid)

☐ Not very knowledgeable (read from menu, had to ask, said they did not know, etc.)

20. Did the server recommend or offer a beverage other than water?

Answer Yes if a specific beverage was offered (tea, coffee, soda, etc.). Answer No if you were just asked if you wanted something else to drink.

☐ Yes

☐ No

21. Did the server offer any add-on items such as sides or other ingredients to complement your order?

Answer Yes if a specific menu item was offered. Add-on items are an attempt to add additional items to your order that you had not originally intended to purchase (e.g., adding (for a fee) a side item that doesn't come with your meal, adding toppings or ingredients to your entrée, etc.).

☐ Yes

☐ No

22. Did the server place your order using a tablet?

Refers to an electronic device such as an iPad.

☐ Yes

☐ No

23. When your entrée was delivered, did you have everything that had been requested or was needed at your table?

☐ Yes

☐ No

24. If no, what was missing?

Select all that apply.

☐ Napkins

☐ Beverage

☐ Cream, sugar, or sweetener for tea/coffee

☐ N/A

☐ Condiments (syrup, ketchup, mustard, steak sauce, hot sauce, etc.)

25. Did your server return within 2 minutes of entrée delivery to check on meal quality or preparation?

☐ Yes

☐ No, did not return within 2 minutes

☐ No, returned within 2 minutes but did not ask about meal quality or preparation

26. Did the server or another employee ensure the table was kept clear of dishes, glasses, or other used items that you no longer needed?

☐ Yes

☐ No

27. Did the server offer to refill your refillable beverage when it was no less than 25% full without being asked?

Refillable beverages include soda, coffee, tea, and water (any beverage that allows free refills).

☐ Yes

☐ N/A – no refills needed or juices, shakes, etc. ordered

☐ No

28. If an issue occurred, and you brought it to the attention of an employee, was it addressed promptly and in a friendly manner?

☐ Yes, resolved promptly and in a friendly manner

☐ Resolved in a friendly manner but not promptly

- ☐ Resolved promptly but not in a friendly manner
- ☐ Resolved but not promptly or in a friendly manner

- ☐ No, issue not addressed by any employee
- ☐ N/A - no issue occurred

29. Comment on your experience with your server:

Please provide details about your experience and interaction with the server. If an issue occurred with your service experience, explain what happened and how it was resolved.

Meal Quality**30. List the full menu name of all food and beverage items ordered:**

- Include each item you paid for; beverage, soup, salad, appetizer, entrée, and dessert for you and your guest(s).*
- Upload the required photo(s) showing all food and beverages received at your table.*

31. How long did it take to receive your main entrées from the time the order was placed and your server left the table?

Format required: MM:SS

32. Did you receive your main entrées within the required delivery time based on the time of day you visited?

- ☐ Breakfast: Yes, within 11 minutes
- ☐ Lunch: Yes, within 12 minutes

- ☐ Dinner or late night: Yes, within 16 minutes
- ☐ No

33. Was your food prepared exactly as ordered (excluding temperature)?

☐ Yes

☐ No

34. If no, what was the issue with your food preparation?

Select all that apply.

- ☐ 1 or more items missing
- ☐ Missing ingredient that menu said it should have
- ☐ Not cooked or prepared the way I asked

- ☐ Received extra item not ordered
- ☐ Wrong item given
- ☐ Other
- ☐ N/A

35. Were all food and beverage items served at the correct temperature?

Hot items served hot and cold items served cold.

☐ Yes

☐ No

36. If no, what items were not served at the appropriate temperature?

Select all that apply.

- ☐ Appetizer
- ☐ Beverage
- ☐ Main entrée

- ☐ Side
- ☐ Dessert
- ☐ N/A

37. Did the presentation of all food items ordered meet or exceed your expectations?

☐ Yes

☐ No

38. If no, what was the issue with the presentation of your meal items?

Select all that apply.

- ☐ Food was burnt
- ☐ Food was overcooked/tough/dry
- ☐ Food was undercooked/limp/mushy
- ☐ There was a foreign object in my food

- ☐ Food was greasy
- ☐ Meal looked sloppy/items falling off the plate
- ☐ Other

☐ N/A

39. Did the portion size of all food items ordered meet or exceed your expectation?

Select all that apply.

- ☐ Yes, all portion sizes were as expected or larger
☐ No, the main entrée portion was too small
☐ No, a side item portion was too small

- ☐ No, the portion of an ingredient was too small (i.e., cheese, sauce, butter, etc.)
☐ No, other

40. Did the freshness of all food items ordered meet or exceed your expectation?

- ☐ Yes, all food items were fresh

- ☐ No, food item(s) were stale, bad/sour, wilted, etc.

41. Did the overall taste of all food items ordered meet or exceed your expectation?

Select all that apply.

- ☐ Yes, all items tasted great
☐ No, food item(s) tasted bland
☐ No, food item(s) had a texture problem (too crunchy, chewy, rubbery, etc.)

- ☐ No, food item(s) had too much seasoning (too salty, too much pepper, too spicy, etc.)
☐ No, other

42. Please explain your responses to food preparation, temperature, presentation, portion size, freshness, and taste:

Provide details about the quality of your meal. If there was an issue with food preparation, temperature, presentation, portion size, freshness, or taste, please explain.

Great Environment

43. At any time did you see a manager or crew chief interacting with guests or employees?

- ☐ Yes

- ☐ No

44. Were all employees behaving professionally and courteously at all times?

Answer No if you observed employees yelling in the dining room, having inappropriate personal conversations, using inappropriate language, or ignoring customers.

- ☐ Yes

- ☐ No

45. Did all employees appear neat, clean, and professional?

- ☐ Yes

- ☐ No

46. If no, what issues did you observe with employee appearance?

Select all that apply.

- ☐ Stains on uniform
☐ Un-pressed/unkempt uniform
☐ Dirty hands/fingernails
☐ Untidy hair

- ☐ Inappropriate clothing
☐ Other
☐ N/A

47. Please explain your employee behavior and appearance observations:

48. Was the restroom clean, stocked, and in working condition?

- Answer Yes if soap, toilet paper, and paper towels/hand dryer were available; if the sink, mirror, and toilet were clean; AND if the trash cans were not overflowing and there was no debris on the floor.*
- Answer No if soap, toilet paper, or paper towels/hand dryer were not available; if the sink, mirror, or toilet were not clean; OR if the trash cans were overflowing and there was debris on the floor.*
- Upload a photo of cleanliness issue(s) observed in the restroom, if any.*

- ☐ Yes

- ☐ No, needed a little attention

☐ No, needed a lot of attention

☐ N/A – restroom out of order

☐ N/A – no restroom

49. If no, select why:

Select all that apply.

☐ No soap

☐ No toilet paper

☐ Seat cover dispenser was present but empty

☐ No paper towels (or no working hand dryer)

☐ Baby changing station was dirty

☐ Stall was dirty

☐ Sink, counter, mirror, or toilet was dirty or excessively wet

☐ Floor was dirty or excessively wet

☐ Trash can was overflowing

☐ Fixture was out of order/in need of repair

☐ Light(s) were not working

☐ N/A

Finish Strong

50. Did the server present the check without being asked?

☐ Yes

☐ No

51. When was your check presented?

☐ Before entrées were delivered

☐ At the time the entrées were delivered

☐ In the middle of the meal

☐ At or near the end of the meal (with or without being asked)

52. Were you given the option to pay at the table using the server's tablet?

Answer Yes even if you declined using the tablet to pay.

☐ Yes

☐ No

53. Did the server thank you for coming in or offer a pleasant closing?

☐ Yes

☐ No

54. Did any IHOP employee invite you to return?

☐ Yes

☐ No

Overall Impression

55. Based on your experience, how likely are you to recommend this restaurant to others?

10 = Extremely likely to recommend the restaurant to others; 0 = Not at all likely to recommend the restaurant to others

☐ 10

☐ 4

☐ 9

☐ 3

☐ 8

☐ 2

☐ 7

☐ 1

☐ 6

☐ 0

☐ 5

56. Please explain your likelihood to recommend and what, if anything, would have improved your overall dining experience:

Focus on things the staff can control or change at a location level (greetings, wait times, food and beverage quality, customer service, restaurant cleanliness, etc.).

Shopper Information

57. Shopper's gender:

☐ Male
☐ Female

☐ Non-binary
☐ Other

58. Shopper's age:

☐ 18-24
☐ 25-34
☐ 35-44

☐ 45-54
☐ 55-64
☐ 65+

59. Upload the receipt for your meal:

END OF QUESTIONNAIRE