



(1) How recently have you purchased a beverage at Best Coffee?

- Within the last week
- Within the last two weeks
- Within the last month
- Within the last 3 months

(2) What beverages have you purchased at Best Coffee in the last 3 months?

- | | | | |
|---------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Latte | <input type="checkbox"/> Mocha | <input type="checkbox"/> Hot chocolate | <input type="checkbox"/> Apple Cider |
| <input type="checkbox"/> Cappuccino | <input type="checkbox"/> Cafe Americana | <input type="checkbox"/> Herbal tea | <input type="checkbox"/> Steamed milk |
| <input type="checkbox"/> Espresso | <input type="checkbox"/> Drip coffee | <input type="checkbox"/> Iced coffee drinks | |
| <input type="checkbox"/> Other: _____ | | | |

(3) Thinking about your last visit to Best Coffee, please rate the following:

(A) Service

- Excellent
- Good
- Fair
- Poor

(B) Beverage Quality

- Excellent
- Good
- Fair
- Poor

(C) Were you served in a timely manner?

- Yes No

(4) What do you like best about Best Coffee?

- | | | |
|--|--|---|
| <input type="checkbox"/> Speed of service | <input type="checkbox"/> Store locations | <input type="checkbox"/> Prices |
| <input type="checkbox"/> Beverage selection | <input type="checkbox"/> Store cleanliness | <input type="checkbox"/> Cafe seating area |
| <input type="checkbox"/> Bulk coffee selection | <input type="checkbox"/> Employee attitude | <input type="checkbox"/> Pastries / baked goods |
| <input type="checkbox"/> Other: _____ | | |

(5) What do you like least?

- | | | |
|--|--|---|
| <input type="checkbox"/> Speed of service | <input type="checkbox"/> Store locations | <input type="checkbox"/> Prices |
| <input type="checkbox"/> Beverage selection | <input type="checkbox"/> Store cleanliness | <input type="checkbox"/> Cafe seating area |
| <input type="checkbox"/> Bulk coffee selection | <input type="checkbox"/> Employee attitude | <input type="checkbox"/> Pastries / baked goods |
| <input type="checkbox"/> Other: _____ | | |

(6) Please indicate the importance of the following characteristics.

	<i>Important</i>		<i>Not important</i>
(A) Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Beverage quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) Your age?

- Under 20
- 21 to 30
- 31 to 40
- 41 to 50
- 51 to 60
- Over 60

(8) Your gender?

- Female
- Male

Thank you very much for taking the time to fill out this survey!