

In an effort to better understand the preferences of our customers, we are asking that you take a few minutes to complete the following survey.

Your individual information will be kept confidential, and will only be reported combined with other people's information as aggregate statistics.

(1) How many cups of coffee do you drink per day?

(2) What percentage of those are a specialty coffee drink (espresso, latte, cappuccino, etc)?

(3) How recently have you purchased a beverage at one of our cafes?

Within the last week

Within the last two weeks

Within the last month

Within the last 3 months

(4) What beverage(s) did you order on your last visit to one of our cafes?

Latte

Cappuccino

Espresso

Moccacino

Hot chocolate

Herbal tea

Fruit juice

Steamed milk

Other (please specify):

(5) On your last visit to one of our cafes:

(a) The quality of the service was

Very High

High

Neither High nor Low

Low

Very Low

(b) The quality of your specialty drink was

Very High

High

Neither High nor Low

Low

Very Low

(6) On a scale of 1 to 5, indicate the importance of the following characteristics.

(1=very important, 5=not at all important, 8=don't know)

(a) Convenient Hours

(b) Speed of Service

(c) Value for Money

(d) Employee Friendliness

(e) Cleanliness of the facility

(f) Selection of Food

(g) Appearance of Food

(h) Freshness of Food

(i) Healthy Choices

(j) Availability of Nutritional Information

(7) Which age group do you fall into?

Under 20

21 to 30

31 to 40

41 to 50

51 to 60

Over 60

(8) What is your gender?

Female

Male

Thank you very much for your time!