



Live Well Survey for Restaurants

Restaurant Name: _____

Person completing the survey: _____

Position: _____

Phone: _____ Email: _____

1. On a scale of 1 to 10, 1 being very easy to 10 being very difficult, how easy was the application to complete? Please circle one.

1 2 3 4 5 6 7 8 9 10

2. How did you hear about the program?

3. How can the application process be made easier?

4. Has there been an increase in customers since becoming a Live Well Restaurant?

5. Has there been an increase in the number of people ordering your healthy options?

6. Have you added additional healthy menu items since becoming Live Well?

7. Would you consider adding more healthy options?

8. Have you been advertising your Live Well status? If so, where?

9. Please share any other comments or suggestions about the program:
