

Restaurant Survey for Hearing Accessibility

Name of Restaurant: _____

Name of Reviewer: _____ Date/Time Visited: _____

Please use an "X" on a sliding scale, if necessary: Example: Quiet.....X.....Loud

Noise level (listen carefully; try to identify the source)

Kitchen noise Quiet.....Loud

Background music/noise Quiet.....Loud

Conversations at other tables Quiet.....Loud

Blowers, Fans Quiet.....Loud

Bar noises Quiet.....Loud

Any other contributing sources? _____

Lighting

Windows Good(large, appropriately shaded).....Poor (few or small)

Table lighting Good.....Poor

Room lighting Good.....Poor

What else did you notice about lighting? _____

Sound proofing (Good = used; Poor = not used)

Table linens Good.....Poor

Draperies Good.....Poor

Carpets Good.....Poor

Upholstery Good.....Poor

Acoustic tiles Good.....Poor

Other additions, omissions, comments _____

Privacy features

Partitions Used Not used

Booths Many None or few

Table size Large (3 ft or more) Small (2.5ft/or less)

Aisles Large (more than 3 ft) Small (2 ft or less)

Table Arrangement Good (most against walls) Poor (little privacy)

Other features: good or bad _____

Level of crowds

___ large & crowded ___ large, relatively empty ___ small, filled ___ small, 75% empty

Overall: Good.....Poor

