

# Confidential

## *Client Feedback Form*



Thank you for visiting today. Please take a moment to give us honest feedback so we may improve our services for the future.

My esthetician today was:

Treatment received:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Would you recommend our spa to your friends?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you recommend the esthetician you had today? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you come back to this spa in the future?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My appointment started on time                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My appointment finished on time                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My payment was processed in a timely manner        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My treatment was a good value for the cost         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My needs and concerns were addressed               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| My expectations for today's visit were met         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, please explain what we could have done to better meet your expectations:

How did you hear about our spa?

On a scale of 1 to 5, with 5 being the best, please rate the following:

	1 Poor	2 Below Average	3 Average	4 Above Average	5 Excellent
Cleanliness of Treatment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy of Treatment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Atmosphere of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of Esthetician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge Level of Esthetician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of Esthetician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments