Salon and Spa Feedback Form

Thank you for visiting us today. Please share how your appointment went by filling the check-boxes completely with a blue or black pen. Your answers are anonymous.

Rate your visit

How satisfied were you with each part of your visit?

Please cross one in each line

	Very dissatisfied	*Dissatisfied*	*Neutral*	*Satisfied*	*Very satisfied*
Ease of booking	◯	◯	◯	◯	◯
Waiting time	◯	◯	◯	◯	◯
Your stylist or therapist	◯	◯	◯	◯	◯
The result of your treatment	◯	◯	◯	◯	◯
Cleanliness and atmosphere	◯	◯	◯	◯	◯
Value for money	◯	◯	◯	◯	◯

Coming back

How likely are you to book with us again? *(Please cross one)*

- ◯ Very likely
- ◯ Likely
- ◯ Neutral
- ◯ Unlikely
- ◯ Very unlikely

Any comments for your stylist or therapist?

Thank you for your feedback. Please hand this card to the front desk on your way out.

To respond ⊗ or ●

DRFT 0001