

# Client Evaluation Form



**Date of Service:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_

**Services Received:** \_\_\_\_\_

**Your Name (Optional):** \_\_\_\_\_

**May we print your comments?** \_\_\_\_\_

Thank you for being our guest at Kneaded Relief. In order for us to serve you better, we are requesting feedback on the service(s) you received. Feel free to use the space below the question to provide further comments. Please remember that customer service and satisfaction are our number one concern. Any feedback you can provide will help us retain that quality. Thank you for your assistance.  
Kindest Regards, *Nichol Schumacher and Duke Harvey*

Was the receptionist friendly and helpful on the phone? ..... Yes No

At the spa? ..... Yes No

Did you feel welcome upon arrival? ..... Yes No

Were you given a tour of our new spa and explained what our  
Fitness Studio and Wellness Classroom have to offer? ..... Yes No

Was the locker room well stocked? ..... Yes No

Did we provide all the amenities you were looking for? ..... Yes No

Was the relaxation retreat comfortable and clean? ..... Yes No

Was the general spa area and treatment room temperature comfortable? ..... Yes No

How would you describe your therapist's touch?  
(gentle/rough, firm/too light, smooth/choppy, connected/disconnected, etc.?)

Were you recommended at-home care and/or a return visit? ..... Yes No

Was your checkout process smooth? ..... Yes No

Did you enjoy your experience? ..... Yes No

Why or Why not?

Would you return to Kneaded Relief? To your therapist? If no, why not?

What is your overall opinion of our spa? Is there anything you would like to see us add or change?

Please feel free to comment further on your service or your experience at Kneaded Relief Day Spa and Wellness in general.