

Client Feedback Form

My goal is to provide clients with the best possible massage experience and I appreciate your willingness to take the time to give me honest feedback. Please rate each of the questions on a scale of 1-5 (where 1 is poor and 5 is excellent) and provide additional comments or suggestions in writing. Thank you.

| Score | Description |
|-------|--|
| 1 | The overall atmosphere, cleanliness, and quality of the facility was professional and relaxing. |
| 2 | My massage therapist was friendly, knowledgeable, and professional. |
| 3 | My massage therapist started and ended the session on time. |
| 4 | My massage therapist consulted with me about the type of massage I wanted to receive, the degree of pressure I enjoy, and the areas of my body where I want focused work. We had an agreed plan for the session before the start of the massage. |
| 5 | My massage therapist followed the session plan we agreed on and I received the massage I asked for. |
| 6 | My therapist asked about the degree of pressure of the strokes used during the session and adjusted the pressure appropriately when asked. |
| 7 | The massage strokes felt firm, flowing, confident, and appropriate to the needs of my body. |
| 8 | Draping, positioning with bolsters, lighting, music, and my overall warmth and comfort were attended to. |
| 9 | My payment was processed in a timely manner and I was given the opportunity to book a future appointment at the end of the session. |
| 10 | My overall experience was excellent and I would come back. |

Other Comments:

