Treatment Evaluation

Please take a moment to answer as many of the following questions as you wish. It is our desire to make the experience at Dewa Spa an enjoyable one that supports and promotes the health and happiness of each and every one of our guests. Please share as much as you feel comfortable, and know that your comments will remain anonymous.

Date:______________________

Name of your practitioner:___________________________________

Treatment received (e.g. massage, facial, cranio-sacral, etc):_____________________

Please rate your overall feeling about the treatment:
Outstanding  Excellent  Pleasant  Neutral  Unpleasant  Poor

How did you feel before the treatment? __________________________________________
How did you feel after the treatment? ____________________________________________

Was the therapist professional? __________________
Did you feel the therapist was present with you and tended to your needs?____________________
Did you feel comfortable throughout the treatment? ________________________________
Did the treatment meet your expectations? _________________________________________

Please rate the cleanliness, atmosphere, and presentation of the spa:
Outstanding  Excellent  Pleasant  Neutral  Unpleasant  Poor

Please rate your overall experience:
Outstanding  Excellent  Pleasant  Neutral  Unpleasant  Poor

General Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________