



## 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:

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