

# Tire Shop Customer Satisfaction Questionnaire

Name

Email

Phone Number

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**1. How would you rate your overall experience?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

**2. How would you rate the quality of our service?**

**3. How satisfied were you with the waiting time?**

**4. How would you rate the friendliness of our staff?**

**5. How would you rate the cleanliness of our shop?**

**6. Were the tires you needed available?**

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**7. What can we improve?**

**8. Additional comments or suggestions**

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