Spa Visitor Evaluation Sheet

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Date:	
Visitor Name:	
The series No. series	
Therapist Name:	
Treatment/Service:	
Evaluation	
Pacantian/Charle in	
Reception/Check-in C 1	
C2	
O3	
O4 O5	
Ambience/Cleanliness	
© 1	
C 2	
O3	
C4 C5	
Service Quality C 1	
C2	
O3	
C 4 C 5	
Therapist Professionalism	
O1	
C2	
O3 O4	
C 5	
Overall Experience	
O1	
O ₂	
O3 O4	
₩ 4	

Comments/Suggestions:

Visitor Signature:

Date:

C 5