

Spa Visitor Evaluation Sheet

Date:

Visitor Name:

Therapist Name:

Treatment/Service:

Evaluation

Reception/Check-in

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Ambience/Cleanliness

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Service Quality

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Therapist Professionalism

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Overall Experience

☐ 1

☐ 2

☐ 3

☐ 4

Comments/Suggestions:

Visitor Signature:

Date: