

Spa Guest Service Evaluation Form

Guest Name

Date of Visit

Service Received

Please rate the following:

Staff Professionalism

☐

1

☐

2

☐

3

☐

4

☐

5

Cleanliness

☐

1

☐

2

☐

3

☐

4

☐

5

Treatment Satisfaction

☐

1

☐

2

☐

3

☐

4

☐

5

Overall Experience

☐

1

☐

2

☐

3

☐

4

☐

Comments or Suggestions

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