**Client Satisfaction Survey**

**Did the quality of your massage meet your expectations?**

[ ]  **Yes** [ ]  **No**

**Was the massage therapist understanding of your needs?**

[ ] **Yes** [ ] **No**

**Which reason most closely reflects why you seek massage therapy? Check all that apply.**

[ ] **Stress relief** [ ]  **Pain management**

[ ] **Injury/Increased physical activity** [ ] **Other**

**How was the pressure during the massage session?**

[ ] **Perfect** [ ] **Too hard** [ ] **Too light** [ ] **Other**

**Did the massage therapist address your areas of concern?**

[ ] **Yes** [ ] **No** [ ] **Other**

**Do you consider massage therapy an important part of your health regimen?**

[ ] **Yes** [ ] **No** [ ] **Other**

**Would you recommend Polito Body Shop to your friends and/or family?**

[ ] **Yes** [ ] **No**

**Is Polito Body Shop’s website easy to navigate?**

[ ] **Yes** [ ] **No**

**How do you like to book your appointments?**

[ ] **By phone**

[ ] **Online, where I can view the schedule for myself and determine which time and day is best for me.**

[ ] **Upfront at the massage therapy practice after my session.**

**What price would you pay for monthly massage therapy sessions?**

[ ] **$65.00 per hour** [ ] **$70.00 per hour**

[ ] **$75.00 per hour** [ ] **Other**

**How often would you like to receive a full body massage?**

[ ] **1x a month** [ ] **1x every other month**

[ ] **Twice per year** [ ] **Other**

**Please describe the best part of your massage experience?**

**Please describe what you would have changed about your massage experience?**