

*A Moment of Your time...*



## Client Feedback

Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Type of Service(s) did you received:  
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Have you ever had this service done before? Yes No

If yes, how would you compare the service you received at Kalias Wellness Sanctuary to others?

1 2 3 4 5

Will you have the service done again at Kalias Wellness Sanctuary? Yes No

If no, please explain: \_\_\_\_\_

### **On a scale of 1 (Worst) through 5 (Best)**

**please let us Know how we are doing and we may better serve you.**

Friendliness:	1	2	3	4	5
Professionalism:	1	2	3	4	5
Promptness:	1	2	3	4	5
Cleanliness:	1	2	3	4	5
Atmosphere:	1	2	3	4	5
Noise Level:	1	2	3	4	5
Music:	1	2	3	4	5
Comfort During Service:	1	2	3	4	5
Quality of Service:	1	2	3	4	5
Quality of Products:	1	2	3	4	5
Skill Level of Staff:	1	2	3	4	5
Overall Satisfaction:	1	2	3	4	5

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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