

**Client Feedback Form** Name: \_\_\_\_\_ Date: \_\_\_\_\_

My goal is to provide clients with the best possible massage experience and I appreciate your willingness to take the time to give me honest feedback. Please rate each of the questions on a scale of 1-5 (where 1 is poor and 5 is excellent) and provide additional comments or suggestions in writing.

**You may email this form to [kneadingspace@gmail.com](mailto:kneadingspace@gmail.com). Thank you!**

Score	Description
1	The overall atmosphere, cleanliness of equipment, and quality of the session was professional and relaxing.
2	My massage therapist was friendly, knowledgeable, and professional.
3	My massage therapist started and ended the session on time.
4	My massage therapist consulted with me about the type of massage I wanted to receive, the degree of pressure I enjoy, and the areas of my body where I want focused work. We had an agreed plan for the session before the start of the massage.
5	My massage therapist followed the session plan we agreed on and I received the massage I asked for.
6	My therapist asked about the degree of pressure of the strokes used during the session and adjusted the pressure appropriately when asked.
7	The massage strokes felt firm, flowing, confident, and appropriate to the needs of my body.
8	Draping, positioning with bolsters, lighting, music, and my overall warmth and comfort were attended to.
9	My payment was processed in a timely manner and I was given the opportunity to book a future appointment at the end of the session.
10	My overall experience was excellent and I would book another session.

**Other Comments:**