

# SERVICE SATISFACTION QUESTIONNAIRE

*Please return this completed form to* \_\_\_\_\_

It is important for us to provide you with the best service and skin care treatments possible. Please help us serve you better by providing your honest and candid responses to the following statements about the skin care services you've received at our office. Your name is optional and your participation is greatly appreciated.

What is your present level of participation in the skin care program at \_\_\_\_\_

- I have regularly scheduled skin care treatments and use the recommended products in my home care regimen.
- I have had occasional clinical treatments and use the recommended skin care products at home.
- I have had a skin care treatment once, but I do use the recommended skin care products at home.
- I have never had a skin care treatment, but I do use your skin care products regularly.
- I have tried the products but do not use them at the present time.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

If you have had a previous corrective facial treatment or a facial, how would you compare your experience in our facility?  
\_\_\_\_\_  
\_\_\_\_\_

1. What is your ideal time slot for a facial treatment?

- AM    PM    Saturdays

Comments: \_\_\_\_\_

2. Whenever I call the office, my call is handled professionally and in a helpful manner.

- Always    Usually    Sometimes    Never

Comments: \_\_\_\_\_

3. Appointments for skin care are conveniently scheduled.

- Always    Usually    Sometimes    Never

Comments: \_\_\_\_\_

4. The office staff is very knowledgeable about the skin care products and services.

- Always    Usually    Sometimes    Never

Comments: \_\_\_\_\_

5. My telephone calls for information or inquiries are handled promptly and courteously.

- Always    Usually    Sometimes    Never

Comments: \_\_\_\_\_

6. Dropping by to purchase products is easy and convenient for me.

- Always    Usually    Sometimes    Never

Comments: \_\_\_\_\_

7. I would like to receive more information about new skin care developments and products.

- Yes    No

Comments: \_\_\_\_\_

8. This program has made a noticeable improvement in the appearance of my skin.

- Absolutely    Unsure    No

Comments: \_\_\_\_\_

9. I would recommend your individualized skin care program to my friends looking for skin improvements and rejuvenation.

- Absolutely    Unsure    No

Comments: \_\_\_\_\_

10. I feel that I am in capable hands during my skin care treatments.

- Absolutely    Unsure    No

Comments: \_\_\_\_\_

Please write any other comments or suggestions you have on the back of this sheet. Your responses will help us improve our services to you and others.

Name (Optional) \_\_\_\_\_

Date \_\_\_\_\_