



Client Satisfaction Survey

1. Which of the following services do you use?

- Chiropractic clinic
- Nutrition Store
- Footwear Store
- Fitness Centre

2. How would you rate our services in terms of ...

	Excellent	Very Good	Good	Poor
Your overall experience	o	o	o	o
Value/quality of your service	o	o	o	o
Promptness of service	o	o	o	o
Courtesy of our staff	o	o	o	o
	o	o	o	o

3. Any comments or suggestions:

4. How may we reach you? (optional)

Your name: _____

Phone: _____

Email: _____