

Chair Massage Program Evaluation

1. Overall, how would you rate your massage?

| | | | |
|------|---------|------|-----------|
| 1 | 2 | 3 | 4 |
| Poor | Average | Good | Excellent |

2. To what level did this meet your expectations?

| | | | |
|------------|-----------|-----|-----------|
| 1 | 2 | 3 | 4 |
| Not at all | Partially | Met | Surpassed |

3. Please rate the knowledge, abilities, and skills of the massage therapist with the following scale: (4=best and 1=least)

| | | | | |
|--------------------------------------|---|---|---|---|
| Knowledge of Massage | 1 | 2 | 3 | 4 |
| Skills in technique | 1 | 2 | 3 | 4 |
| Responsive to your needs | 1 | 2 | 3 | 4 |
| Responded to questions appropriately | 1 | 2 | 3 | 4 |

4. Would you recommend this massage therapist to anyone?

Yes No

5. What did you like the best about your experience?

6. What did you like the least about your experience?

7. Would you be willing to do this again if there was a fee involved?

Yes No

8. If so, what would you be willing to spend for a 15-minute massage at the worksite?

| | | |
|------------|-------------|--------------|
| \$5- 10 | \$11- 15 | \$20 or more |
|------------|-------------|--------------|

9. Please list any additional comments below

Thank you for your time in completing this survey!