

Client Feedback Survey

We would love to hear from you. Please take a few minutes of your time to fill this out and either drop it in the mail or drop it by Creative Wellness on your next visit. In appreciation for your time, all completed surveys will be entered into a drawing to win a free one hour massage. Drawing will be held on **May 30, 2008** at noon.

Name: _____

1. Your Visit to Creative Wellness

When was your most recent visit to Creative Wellness?

Was this your first visit? yes no

How did you find out about us? (select one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Referral from friend/family member | <input type="checkbox"/> Online |
| <input type="checkbox"/> Referral from physician | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Community event | <input type="checkbox"/> Other |
| <input type="checkbox"/> Advertising (Newspaper, Magazine, Radio) | |

What are your main reasons for coming to Creative Wellness? (choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> To feel better | <input type="checkbox"/> An injury |
| <input type="checkbox"/> To relax | <input type="checkbox"/> The classes and instructors |
| <input type="checkbox"/> For pain relief | <input type="checkbox"/> For holistic health services |
| <input type="checkbox"/> To enhance my physical ability | <input type="checkbox"/> Doctor recommendation |
| <input type="checkbox"/> For the atmosphere | <input type="checkbox"/> Friend/family recommendation |
| <input type="checkbox"/> The quality of care | <input type="checkbox"/> I had a gift certificate |
| <input type="checkbox"/> The quality of service | <input type="checkbox"/> To escape the stress in my life |
| <input type="checkbox"/> A chronic condition | <input type="checkbox"/> Other (please specify) _____ |

Why did you choose us instead of another?

2. Overall Experience at Creative Wellness

	strongly disagree		strongly agree		
	1	2	3	4	5
The atmosphere of the center is important	1	2	3	4	5
A friendly, welcoming staff is important	1	2	3	4	5
The quality of care is important	1	2	3	4	5
The practitioners level of expertise is important	1	2	3	4	5
The range of classes and quality of instructors are important	1	2	3	4	5
Feeling better is an important part of my visit	1	2	3	4	5
Achieving a more relaxed state is important	1	2	3	4	5
I want to buy the products that are available	1	2	3	4	5

	poor		outstanding			unable to rate
	1	2	3	4	5	UR
How was your experience with our practitioners?	1	2	3	4	5	UR

Did you feel well cared for? Yes Somewhat Not really No

Please answer the following:

Did you purchase anything from the Creative Wellness store? If no, please comment

Yes No _____



(517) 351-9240

2025 Abbot Road
Suite 200
East Lansing, MI 48823

www.creativewellness.net

Have you ever referred us to a friend/family member? If no, please comment

Yes No _____

Final Comments:

What was the most enjoyable aspect of your last visit to Creative Wellness?

3. General Information

Gender Male Female
Age under 24 25-34 35-44 45-54 55-64 65 +
Household Income under \$25K \$25-\$49K \$50-\$74K \$75-\$99K \$100K +

To enter the drawing anonymously you can do one of the following:

- 1. Drop your survey off at Creative Wellness into our survey box and fill out an entry form.*
- 2. Fold and tape the three sides of this form and mail your survey and contact us to let us know you have done so by phone at 351-9240 or email health@creativewellness.net and we will enter your name in our drawing.*

Thank you for your time and feedback.

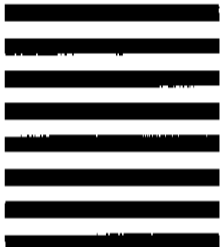


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CREATIVE WELLNESS

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