CLIENT RETENTION SURVEY FOR QUALITY CONTROL

WE WOULD APPRECIATE YOUR HELP WITH THIS QUESTIONNAIRE. OUR GOAL IS TO MAKE YOUR SALON VISIT A PLEASANT EXPERIENCE BY GIVING YOU THE BEST SERVICE POSSIBLE. PLEASE TAKE A FEW MOMENTS AND ANSWER THE QUESTIONS BELOW. WHEN FINISHED PLEASE PLACE IT IN OUR SURVEY BOX OR GIVE IT TO OUR RECEPTIONISTS. THANK YOU FOR YOUR TIME.

i. When you called for all appointment were you taken care or courteously and to your
satisfaction?
Yes No
2. What time of day do you prefer your appointments?
8:00 am12:00 pm4:00 pm6:00 pm9:00 pm
Other:
3. What day do you prefer?
MonTues Wed Thurs Fri Sat Sun.
4. Were you greeted promptly when you arrived?
Yes No
5. Were you given a comprehensive client consultation to determine all your needs?
Yes No
6. Did you have a full understanding of the service or hair design that you would receive
before your Hair Pro began your service?
Yes No
7. Were you offered a complimentary refreshment at any time during your visit?
Yes No
8. Did our staff keep you waiting? If yes, How long?
Yes No
9. Did our staff greet you by name?
Yes No
10. Did you receive a thorough massaging shampoo?
Yes No
11. Did you feel that our communication during your visit was on a professional level?
Yes No
12. Did your Hair Pro recommend our unique conditioning treatment after your shampoo?
Yes No
13. Did your Hair Pro suggest any color or hair texturizing service to improve the appearance of
your hair?
Yes No
14. Were you satisfied with your design haircut, finished look or special service?
Yes No
15. Did your Hair Pro completely clean the hair off your neck after your haircut?
Yes No

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16. We	ere you given the t	following?					
	Instructions on how to do your hair at home						
	You're Hair Pro's Business Cards and or Referral Cards.						
17. Were you offered another appointment before leaving?							
Yes _	No						
18. How would you rate your Hair Pro?							
	Ability	Poor	Fair	Average	Good	Excellen	
	Personality	Poor	Fair	Average	Good	Excellen	
	Appearance	Poor	Fair	Average	Good	Excellen	
	Attitude	Poor	Fair	Average	Good	Excellen	
19. Wł	nat is your Hair Pro	o's name?					
20. In general what is your opinion of our salon as a whole?							
	Friendliness	Poor	Fair	Average	Good	Excellen	
	Creative Ability	Poor	Fair	Average	Good	Excellen	
	Atmosphere	Poor	Fair	Average	Good	Excellen	
	Cleanliness	Poor	Fair	Average	Good	Excellen	
21. I ho	ave experienced t	he following p	roblems b	eing a client:			
No	neParking _	_Designer Att	itudeR	eceptionist Attituc	leLate Ser	viceOther	
22. I h	ave the following	suggestions f	or improvir	ng your services:			