

# Massage Feedback Form

Please let us know your thoughts about this program by circling a face



This was wonderful and I loved it!



This was good. I liked it.



This was O.K. I kinda liked it.



This was fair. I didn't mind it.



This was definitely not my cup of tea.

I am (circle one):          Patient      Family Member/Friend of Patient      Visitor      Staff

What benefit did the massage provide today? Other comments?

Date: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

*Please return completed feedback form to massage binder at check-in desk. Thank you!*

---

# Massage Feedback Form

Please let us know your thoughts about this program by circling a face



This was wonderful! I loved it!



This was good. I liked it.



This was O.K. I kinda liked it.



This was fair. I didn't mind it.



This was definitely not my cup of tea.

I am (circle one):          Patient      Family Member/Friend of Patient      Visitor      Staff

What benefit did the massage provide today? Other comments?

Date: \_\_\_\_\_ Therapist Name: \_\_\_\_\_

*Please return completed feedback form to massage binder at check-in desk. Thank you!*