

Customer Satisfaction Survey

Tell us how we did

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About you (optional)

Name (optional)

Email

Date of visit / purchase

Rate your experience

Tick one box per row: 1 = very dissatisfied, 5 = very satisfied.

Overall satisfaction	1	2	3	4	5
Product quality	1	2	3	4	5
Staff friendliness	1	2	3	4	5
Value for money	1	2	3	4	5

Recommendation

Likelihood to recommend us (0 = not at all, 10 = definitely)

In your own words

What did we do well?

What could we improve?