



Satisfaction Survey:

1. Your Overall Experience

1. How would you rate your discovery experience?

- ☐ Very Satisfied
- ☐ Satisfactory
- ☐ Average
- ☐ Unsatisfactory
- ☐ Very unsatisfactory

2. Quality of service

2. How would you rate the quality of our service?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Poor

3. Did the service meet your expectations?

- ☐ Absolutely
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Not at all

4. Did you receive clear and sufficient information?

- ☐ Yes
- ☐ No

3. Additional Information

5. Would you like to be able to use this wellness service within the company?

- ☐ Yes
- ☐ No

6. Are you interested in renting or purchasing this service for home use so your family can benefit from it?

- ☐ Yes
- ☐ No

Last
Name:
First
Name:
Email:
Phone:

*** Thank you for participating!**

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