

**GUEST QUESTIONNAIRE**

Name

Room No.

Date

Satisfaction in service by check (5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor)

Subject evaluation	5	4	3	2	1	Things should improve
--------------------	---	---	---	---	---	-----------------------

**Quality of service at Welcome Center**

Receptionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Internet Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Quality of Accommodation**

Room & Accessories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Housekeeper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Was everything working properly in your room?  YES  No If No, please specify

**Quality of Garden**

**Quality of Book Store**

Variety of products at Book Store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Product display & Decoration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Staff's service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Quality of service at Dining Hall**

Variety of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Taste of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Quality of Raw Food**

Was it cooked to your satisfaction?  YES  No If No, please specify

**Quality of service at Pakua Clinic**

Timeliness of Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Staff's knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Receptionist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Quality of service of Medical Team**

Doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Medical Technologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**Quality of service of Therapist**

**Quality of service at Anyamanea Spa**

**Quality of service of Hydrotherapy Pool**

**Quality of service of service at Pool & Gym**

Was your request quickly responded to?  Yes  No If No, please specify

Do you have any other suggestions/comments?

Signature \_\_\_\_\_

Thank you for taking the time to provide feedback about the services you received from Tao Garden. We value your opinion and review all feedback forms for opportunities to improve even better service in the future.

Please, click on SEND button to send us the completed form. We will contact you as soon as your program has been defined. If you cannot send the form by online please save this page to your file then send by attachment to assistfo@tao-garden.com