



Client Feedback Questionnaire

Dear Client;

Please take a few minutes to fill out this short questionnaire. I sincerely appreciate your comments and suggestions as they help me continuously improve to serve you better. If you prefer you may remain anonymous.

Thanks in advance,

Michele Heaton
Willow Hypnosis

- 1) How did you hear about Willow Hypnosis _____
- 2) How would you rate your experience overall on a scale of 1-10 - 10 being outstanding? _____
- 2) Has the issue you sought help for been resolved? ____ Yes ____ No
If no, what percent improvement have you experienced? _____
- 4) What other benefits or changes have you noticed as a result of your session(s)?

5) What other applications for hypnosis would you find helpful?

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Addictions | <input type="checkbox"/> Allergies/Asthma |
| <input type="checkbox"/> Anger/Anxiety | <input type="checkbox"/> Athletic Performance | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Disease/Cancer | <input type="checkbox"/> Pre/Post-Surgery |
| <input type="checkbox"/> Impotence | <input type="checkbox"/> Insomnia/Fatigue | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Migraines/Pain | <input type="checkbox"/> Memory Improvement |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Relationships | <input type="checkbox"/> Self-Confidence |
| <input type="checkbox"/> Weight Control | <input type="checkbox"/> Stress Relief | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Self Hypnosis | Other _____ | |

6) Would you recommend Willow Hypnosis to your friends or family? ____ Yes ____ No

7) Additional comments or suggestions: (Continue on back if needed)

Name _____ Date _____

If I may use your comments for recommendations or promotional purposes please initial here: _____