



STATEMENTS HAIR BOUTIQUE SURVEY

SECTION 1. INTRODUCTION

Statement Beauties,

Healthy hair and a pleasant salon experience is our top priority. One of the main goals of Statements Hair Boutique is to provide you with an outlet for your beauty, health and wellness needs. As we continuously work to improve our services and offerings to meet your needs, your honest feedback is very important to future planning. Please take a moment to complete this brief survey. Your identity and responses are used for informational purposes only and completely confidential.

Thank you for your participation.



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How long have you been a client of **Statements Hair Boutique**?

- Less than 1 year** **6 - 10 years** **Over 15 years**
 1 - 5 years **11 -15 years**

Overall, please rate your experience with **Statements Hair Boutique**?

- Excellent** **Good** **Fair** **Poor**

Which service do you use most frequently?

- Hair**
 Waxing
 Product purchases (including jewelry, hair products etc.)
 All about equally

Which service do you use most frequently?

- Relaxers**
 Natural Styles
 Hair Extensions
 Color
 Other, please specify



On average, how often do you visit Statements Hair Boutique?

- Once a week** **Once per month**
 Every two weeks **As needed**

What time do you currently visit Statements Hair Boutique?

- 8:00am - 11:30am**
 12:00pm - 4:00pm
 4:30pm – 7:30pm
 Other _____

What time do you prefer to visit Statements Hair Boutique?

- 5:30am – 7:30am**
 8:00am - 11:30am
 12:00pm - 4:00pm
 4:30pm – 7:30pm
 Other _____



Please rate your level of satisfaction with the following:

	Extremely Satisfied	Satisfied	Neither Satisfied or Dissatisfied	Dissatisfied	Extremely Dissatisfied	No basis to judge
Services received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Hair Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Method to make appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amenities (food, music, tv)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What features are important to you when selecting a hair salon? (select all that apply)

- Services Offered
- Amenities (e.g., Snacks, TV, Music, WIFI etc.)
- Price
- Availability
- Atmosphere
- Temperature or comfort level
- Cleanliness
- Stylists
- Others (specify) _____



If we offer the option to make appointments online would you utilize this feature?

Yes

No

It depends on the timing

What retail products do you like to purchase at Statements? (Select all that apply)

Salon Essentials

Herabalife

Roc Designs Hairline

Others (specify) _____

What services would you like to see offered?

How can we improve your experience at Statements Hair Boutique?

If you have additional comments, please leave them below.