

# **Customer Satisfaction Survey**

A. Please take a moment to complete this form.

Category	5 = COMPLETELY SATISFIED 1 = COMPLETELY DISSATISFIED			CD.	
Overall Questions:	1	2	3	4	5
How would you recommend Ungex to others?					
How would you rate our staff's explanation?					
How would you rate our product/Service?					
Did you receive appropriate product instructions?					
How would you rate the Ungex's advertisement/ marketing?					

## B. Please help us to improve the quality of our products and services:

1. How did you hear about "Ungex Technology"	How did	vou hear a	bout "Ungex	Technology"
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- O TV/Radio
- O Newspapers/Leaflets
- O Social media/ Internet
- O Hair/ beauty Salon
- O Exhibition/ Seminar
- O Family/Friends
- O Word of mouth
- Other (please specify).....

#### 2. How long have you been using Ungex's products and technology?

- O Less than one week
- O Less than one month
- One to three months
- O More than three months

### 3. How often do you use Ungex products at home?

- Every day
- Every other day
- Once or twice a week
- Once or twice a month

#### 4. Would you recommend UNGEX treatment to others?

- O Definitely
- O Probably
- O Not at all

#### 5. Did Ungex's customer service center reply to you adequately?



_	Yes (from Ungex headquarters)
0	Yes (via Hotline)
0	Yes (salon)
0	No
0	I did not consult with customer service centre
6. V	What aspect of the product/service were you most satisfied by?
0	Quality
0	Price
0	Treatment
0	Result
0	Other (please specify)
7. V	What aspect of the product/service were you most disappointed by?
0	Quality
0	Price
0	Treatment
0	Result
0	Other
0	Worse
12-	Unchanged  Your recommendations to improve our products and/or services:
	Your recommendations to improve our products and/or services:
	Your recommendations to improve our products and/or services:
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12-	Your recommendations to improve our products and/or services:  Stomer's details: (optional)
12-	Your recommendations to improve our products and/or services:    Stomer's details: (optional)
12-	Your recommendations to improve our products and/or services:    Stomer's details: (optional)
12-	Your recommendations to improve our products and/or services:    Stomer's details: (optional)

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