Testimonials video – service provider CLIENT'S QUESTIONNAIRE

(to avoid mistakes and make sure it's not confusing, I called YOUR business "BEST-OF-THE-BEST")

- 1. Please state your name and present yourself
- 2. What was the issue you needed to solve before approaching / purchasing / coming to BEST-OF-THE-BEST?
- 3. What kind of discomforts have you experienced? Please expand.
- 4. How did you hear about **BEST-OF-THE-BEST**?
- 5. Did you have a previous experience before trying **BEST-OF-THE-BEST**? What didn't you like about it? What was important to you in a business like **BEST-OF-THE-BEST**?
- 6. What was your first impression when you got the product / got in?
- 7. What was your first impression of the staff??
- 8. What was your impression of the product / owner / main service provider?
- 9. Before getting in / purchasing, did you have ANY fears? Please expand
- 10. Did you get a consultation session? Did you have any questions? Did you get answers? Did you get information you didn't have before (about the treatment, your condition or any other facts?)
- 11. What was the treatment/service/product you got?
- 12. How was the service? Did you feel comfortable and at ease? Were you guided throughout the treatment?
- 13. Did having more information before, during and after the treatment helped you feel more comfortable?
- 14. How was the office / clinic space / environment and the equipment uses? The staff
- 15. How was the process? From beginning, all the way to the final product / results / recovery?
- 16. Was the treatment giver involved in recovery process? Did you have any access to call-in case of emergency? Did it make you feel better knowing you can call at any time?
- 17. Was there a follow up? Did anyone from the office called you after the treatment to follow up?
- 18. Did the treatment exceed your expectations in general?
- 19. Did the treatment solve the problem you suffered from?
- 20. Can you please share your personal story about the service provider or office? About the treatment, preparation or recovery?
- 21. How did you pay for the service? Did you have any difficulties? How did the office help you with that?
- 22. Did the office offer payment options?

OTHER QUESTIONS YOU MIGHT HAVE:

- 23. Do you have insurance? Did the office suggest insurance options and plans?
- 24. Did the office offer financing and payment options?
- 25. Drawing a conclusion, what do you think about BEST-OF-THE-BEST?
- 26. Did you already or would you recommend **BEST-OF-THE-BEST** to a family member or a friend?