



## Ashiatsu Evaluation Form

Client Name: \_\_\_\_\_ Therapist Name \_\_\_\_\_

Your honest feedback is a gift and helps the therapist to improve their skills.  
Our number one priority is consumer safety and client comfort during practice.

1. How was the depth and style of this massage different than a hands-on massage?
2. Were you explained the analog scale and what to expect for this treatment?
3. Did the therapist check in with you and adjust pressure as needed?
4. Was the first touch of each new stroke applied too heavy, too light, or just right?
5. Once started, did your therapist develop a rhythm and flow with fluid movements?  
Was this as flowing as their hands-on massage?
6. Was there any distracting secondary touch – such as toes caught in your hair, ears swiped by a foot, skin pinched into the table?
7. Were their hand movements on the bars, or foot movements walking around the table, noticeable noisy or distracting?
8. Was the massage equipment used during the session noisy, uncomfortable or unsafe feeling?
9. Were you cold, uncomfortable, in pain or nervous at any time?
10. Were the therapist's feet warm, soft, cold or rough?
11. What was your favorite AND least favorite part of this massage?
12. Is there anything you would wish to change?