Customer Satisfaction Survey FY 2018 - Quarter 2

Quarter 2 Customer Satisfaction Survey

Our members are our #1 priority and we aim to provide a high level of service for overall customer satisfaction.

Please take a few moments to complete our Customer Satisfaction Survey. Your feedback will help us improve our service to meet your needs. Your responses will be kept confidential and will not be used for any purpose other than improving the services we provide.

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| 1. What is your gender? | | |
|---|--------------------------------|-------------------|
| Female | | |
| Male | | |
| None Specified | | |
| 2. What is your Age Group? | | |
| 10 - 13 years old | 18 - 29 years old | 55 - 69 years old |
| 14 - 17 years old | 30 - 54 years old | 70 + years old |
| 3. How many days per week do you 6 times per week 4-5 times per week 3 times per week 1-2 times per week I do not attend If you do not attend, why not? | u visit Oneida Family Fitness? | |
| | | |

| 4. I visit Oneida Family F | itness primaril | y for (select all that | apply): | | |
|---|-------------------|-------------------------|-------------------|-------------------|------|
| Train for sport/event | | | | | |
| Weight management | | | | | |
| Medical reasons | | | | | |
| Maintain my physical co | ndition | | | | |
| Diabetic Program Referr | al | | | | |
| Meet people and socialize | œ. | | | | |
| RAS points | | | | | |
| Pool | | | | | |
| Kids classes | | | | | |
| Other | | | | | |
| Other (please specify) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| * 5. How do you rate our s | taff and custor | | | | |
| | Excellent | Very Good | Average | Needs Improvement | Poor |
| Select the response that describes your overall impression. | | 0 | | | |
| Is there a particular staff mem | ber(s) that makes | your visit more enjoyal | ole? Add any addi | tional comments. | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 6. | What is your | overall r | ating for p | orograms a | & services | offered a | at Oneida I | Family Fitness? | |
|----|--------------|-----------|-------------|------------|------------|-----------|-------------|-----------------|--|
| | | | | | | | | | |

| | | | | Needs | | |
|---|--------------|-----------|---------|-------------|------|-----|
| | Excellent | Very Good | Average | Improvement | Poor | N/A |
| Cardio Equipment | | | | | | |
| Strength Equip / Free Weights | | | | | | |
| Group Fitness classes | | | | | | |
| Aquatic classes | | | | | | |
| Martial Art programs | | | | | | |
| Personal Training | | | | | | |
| Weight Management / Wellness classes | | | | | | |
| Orientations / Assessments | | | | | | |
| Amenities (locker rooms, pro shop, towel rental, juice bar) | | | | | | |
| Child Care | | | | | | |
| 7. How do you rate our | cleanliness? | | | Needs | | |
| | Excellent | Very Good | Average | Improvement | Poor | N/A |
| Aerobic studios | | | | | | |
| Equipment | | | | | | |
| Front Lobby area | | | | | | |
| Gym | | | | | | |
| Juice Bar area | | | | | | |
| Locker Rooms | | | | | | |
| Pool | | | | | | |
| Track | | | | | | |
| Additional Comments | | | | | | |
| | | | | | | |

| Atmosphere | Group Fitness/Aquatic classes | Pool |
|--|---|--|
| Child care | Gym | Price |
| Cleanliness | Hours | Staff / Customer service |
| Equipment | Location | Track |
| Other program/services that hel | p me manage my health | |
| | | |
| | | |
| | | |
| | | |
| /hat would enhance your n | nembership experience? Select all th | at apply. |
| Group Fitness or Aquatic class | Location | Price |
| additions (please provide explar | nation) Massages | Sauna |
| Equipment changes/additions | | |
| | Member Benefits / Incentives | Wellness education |
| Hours | Member Benefits / Incentives | Wellness education |
| Hours Other, please specify | Member Benefits / Incentives | Wellness education |
| | Member Benefits / Incentives | Wellness education |
| | Member Benefits / Incentives | Wellness education |
| | Member Benefits / Incentives | Wellness education |
| | Member Benefits / Incentives | Wellness education |
| Other, please specify | d of O.F.F. programs, services, and ev | |
| Other, please specify | | |
| Other, please specify How are you kept informed | d of O.F.F. programs, services, and ev | ents? Select all that apply. |
| Other, please specify How are you kept informed Community / Members | d of O.F.F. programs, services, and ev | ents? Select all that apply. Kalihwisaks |
| Other, please specify How are you kept informed Community / Members Email | d of O.F.F. programs, services, and ev Flyers posted in facility Intranet (employee site) | ents? Select all that apply. Kalihwisaks |

| 11. How would you like etc? Select all that a | | ations regarding O.F.F. | orograms, service | s, events, closures, |
|--|--|--|-----------------------|----------------------|
| Email (please provide/u addresses with our from Facebook (LIKE us on Other, please specify | t desk staff) | the O.F.F. Website regularly d announcements/flyers at O. desk | F.F. | 5 |
| † 12. Overall, how satisfie | ed are you with your C Very Satisfied | D.F.F. membership expe | rience? Dissatisfied | Very Dissatisfied |
| Select the response that decribes your overall impression. | 0 | | 0 | |
| Additional Comment 13. Please share any a | dditional comments o | r concerns. | | |