

Fitness Center Questionnaire?

Please complete and return our customer satisfaction survey by **Tuesday, March 25, 2008** to the fitness center or email to **Stephanie_zelvy@trihealth.com**
PRIZES will be raffled off to those who complete the survey!

How many times of week do you workout in the fitness center (circle one)

1

2-3

4+

What time of day do your workout in the fitness center (circle one)

5:00-8:00am

8:00-11:00AM

11:00AM-4:00PM

4:00-7:00PM

7:00-10:00PM

Please rank and comment on the following categories (scale of 1-5)

1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = excellent

Overall Satisfaction of the Fitness Center

1

2

3

4

5

Cleanliness (fitness area, group fitness room equipment, aerobic studio, etc.): 1 2 3 4 5

Environment (professional, comfortable, friendly, etc.): 1 2 3 4 5

Equipment (working condition, availability, cleanliness, etc.): 1 2 3 4 5

Staff (professional, friendly, accessible/responsive, knowledgeable, etc.): 1 2 3 4 5

Programming (incentives, informative displays, massage, nutrition, etc.): 1 2 3 4 5

Wellness Programs (time offered, topics discussed, knowledge gained, etc.) 1 2 3 4 5

Group Fitness (class offerings, class times, etc.): 1 2 3 4 5

-Group fitness survey also available

Massage Services (pricing, time offered, etc.) 1 2 4 5 6

(OVER→)

