

Group Exercise Survey June, 2014

Your feedback is important to us. We appreciate you taking this opportunity to contribute to the continuous improvements of your fitness centre.

BY COMPLETING & RETURNING THIS SURVEY BY 26/6/14 YOU WILL GO IN THE DRAW TO WIN

- 1st place:** Red Balloon voucher – valued at \$50
2nd place: Sling bag and towel – valued at \$40
3rd place: Revitalise Laser & Facial Rejuvenation – valued at \$30

- On average how many classes do you participate in per week?
 None 1 – 2 2 – 3 3 – 4 5 or more
- What time block do you usually attend? (you can select more than one)
 5.45am weekdays 4pm / 4:30pm Mon - Fri Weekends - mornings
 9.30am - 11.30am Mon - Fri 5.30pm - 7.30pm Mon - Fri Weekends - afternoons
- Which classes do you participate in (please tick as many as required)?
 Power Hour Rev Step n Burn Kick n Box Pilates
 Sculpt Rev (GTB) Step n Tabata Cardio Box Unwind
 Abs Blast Rev n Abs Sculpt n Tabata Lite & Lo Yoga
 Master Blast Tabata n Abs Sculpt n Unwind Active Over 50s Bootcamp
 Zumba
- Of the above class styles, pick your favorite/s and when you'd like them to be held?
 Class: _____ at what time: _____ on what day: _____
 Class: _____ at what time: _____ on what day: _____
- Name any class style/s not on our schedule that you would like us to add? (eg: Mum's and Bubs classes)

- Which do you prefer?
 The same instructor on a regular basis
 A different instructor each week for variety
 No preference
- Rate your satisfaction of our current timetable
 Extremely satisfied Very Satisfied Somewhat satisfied Not satisfied
 If "somewhat satisfied" or "not satisfied", please detail how we may improve: _____

- Do you regularly check the schedule on the website to see who is teaching what classes?
 Yes No Wasn't aware of this
- Do you come to Health Mates to attend classes only (ie: do not use our equipment)? Yes No

10. Rate how likely you are to recommend our classes to a friend or colleague? (please circle)

0 1 2 3 4 5 6 7 8 9 10



Not at all



Neutral



Extremely likely

11. Please rate each instructor (please tick one column for each instructor)?

	Great	Good	Average	Below Average	Haven't tried their class	Please comment why you chose this rating
Belinda						
Branko						
Carissa						
Chrissy						
Danielle						
Dorothy						
Katrina						
Kelly						
Kimberly						
Lisa						
Lyndal						
Maria						
Marion						
Meagan						
Michelle						
Nicole						
Noemi						
Ronan						
Sonny						
Susan						

Is there any instructor/s that stands out in your mind as making an impact on your visits to Health Mates?

Instructor's name/s: _____

Why? _____

12. Additional comments: _____

If you would like us to contact you regarding your survey comments, please provide your contact details below.

First Name: _____ Surname: _____ Phone: _____

✂ _____ ✂ _____ ✂

Thank you for taking the time to give us your valued feedback. Tear this section off and place in the competition barrel at reception by Monday 26th June 2014 for your chance to win a great prize.

First Name: _____

Surname: _____

Phone: _____

Email: _____