

HealthWorks Member Survey June 2009

- Survey returned by: Paper Email Fax
- How long have you been a member? 1-3Mos 3-6Mos 6-12Mos 12Mos+
- How many days a week do you attend? 1 2 3 4 5 6 7
- Gender: Male Female

Please rate the following:	N/A	Very Poor	Poor	Fair	Good	Very Good
Cleanliness of Workout Areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness of Locker Rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness of Pool Area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Training Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Desk Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Trainers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Instructors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Service Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Facility/Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Which of the following have you seen improve since joining the Fitness Center?
- Blood Pressure Cholesterol Body Fat Percentage Weight Energy
- Endurance Strength Self-Esteem Nutrition

What is your favorite thing about HealthWorks? _____

Have you participated in any member events/challenges, etc? Yes No

Any suggestions for member events/challenges? _____

Does HealthWorks accommodate your scheduling needs? Yes No

If not, what suggestions do you have? _____

Do you participate in Group Fitness Classes at HealthWorks? Yes No

If no, why not? _____

What would you MOST like to see changed or improved at HealthWorks? _____

Do you feel that HealthWorks provides a safe fitness environment? Yes No

If not, why not? _____

Additional Comments: _____

