Group Fitness Survey Questionnaire

In order for us to continually improve our service and programs on offer to you, we would appreciate you taking a few moments to answer the following questions. The information you provide will help us to plan, develop and schedule the

Autumn/Winter Group Fitness Timetable for 2010 in line with your suggestions and preferences.

## \*\*For your feedback to be included, please submit all completed surveys by 7pm Sunday 28 March\*\*

To thank you for your feedback, all completed surveys will go into the draw to **WIN a MEMBER PACK valued at $100!**

Please tick the most appropriate option:

## Are you:

o Female o Male

## What is your age?

o 18 - 24 o 25 - 34 o 35 - 44 o 45 -54 o 55 - 64

o 65 - 74 o 75 +

1. **Are you currently a WLC Member?**

# Yes (If Yes, proceed to question 5 )

* + No *(If No, proceed to the next question)*

## Please indicate your current payment option:

* + Gym/Group Fitness 10 Visit Pass
  + Gym/Group Fitness 10 Visit Pass (Concession)
  + Gym/Group Fitness single session

## How many classes do you attend (on average) per week?

o < 1 o 1 - 2 o 2 - 3 o 4 - 5 o > 5

## What is your preferred class time?

* + Early Morning (6.00am – 9.00am)
  + Morning (9.00am – 11.00am)
  + Lunchtime
  + Evening (6.00pm – 8.00pm)
  + Other:

## On which days do you prefer to attend classes?

o Monday o Tuesday o Wednesday o Thursday o Friday

* + Saturday o Sunday

1. **Which classes do you currently attend?**

# (Tick all relevant classes)

* + Body Pump o Pilates
  + Body Step o Yoga
  + Body Balance o Freestyle Spin
  + Body Attack o RPM
  + Freestyle Step o Gentle Exercise
  + Power Hour o Aqua *– Class Type:*
  + Boxing o Outdoor Training
  + Basic Training o WLC Run Club
  + Basic Low
  + Abs Express
  + Fit Camp
  + Dance Fit

1. **How satisfied are you with our current Group Fitness Timetable?**

# (Rate on a scale of 1-5, with 1 being very dissatisfied and 5 being very satisfied)

|  |  |  |  |
| --- | --- | --- | --- |
| Current Timetable |  | Number of Classes |  |
| Variety of classes |  | Ability & Effectiveness of Instructors |  |
| Availability of class times |  | Equipment provided |  |
| Atmosphere/Cleanliness of Facility |  | Effectiveness of Classes to achieve  desired fitness goals |  |

1. **Rate the following in terms of importance to you:**

# (Rate on scale of 1-5, with 1 being not important and 5 being extremely important)

|  |  |  |  |
| --- | --- | --- | --- |
| Time of Class |  | Instructor |  |
| Type of Class |  | Equipment Provided |  |
| Variety of Classes per Week |  | Facility |  |
| Number of Classes per Week |  |  | |

## What types of classes would you like to see more of on the timetable?

**Existing Classes Ideas for New Classes**

Body Pump Dance Fit Lower Body Toning

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Body Step Pilates Martial Arts

Body Balance Yoga Kickboxing

Body Attack Freestyle Spin Fitball / Bosu Class

Freestyle Step RPM Pre / Post-Natal

Power Hour Gentle Exercise Parents & Kids Training

Boxing

Basic Training Basic Low Abs Express

Aqua – Outdoor Training WLC Run Club

Fit Camp

Kids classes Outdoor Classes Circuit Class

Other

## Additional suggestions and comments:

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## Contact Information (Optional)

|  |  |
| --- | --- |
| Name: |  |
| Postcode: |  |
| Contact Number: |  |
| Email: |  |

***\*\*Please note: Contact information must be completed to be eligible to win the Member Pack \*\****

## Are you happy for us to contact you in relation to the information you provided in the survey?

o Yes o No

**What is the best method for us to contact you?**

Email:

Contact Number:

# Thank you for taking the time to complete the survey. The feedback you have provided will help us to continue to improve and tailor our services to meet your needs.

*The WLC Team*