OVERALL SQUASH CLUB EXPERIENCE SURVEY

(SAMPLE ONLY)

***Thank you for visiting [Name of club]. We hope you have enjoyed your experience. Please complete the following questions in order to help us better our overall squash experience for your next visit.***

1. **What was the date of your visit? (dd/mm/yyyy)**
2. **What was the time of your visit?**

|  |  |  |
| --- | --- | --- |
| * 6.00am – 9.00am
 |  |  |
| * 9.01am – 12 Noon
 |  |  |
| * 12.01pm – 3.00pm
 |  |  |
| * 3.01pm – 6.00pm
 |  |  |
| * 6.01pm – 9.00pm
 |  |  |
| * 9.00pm - Close
 |  |  |

1. **In the last week, how many times have you been at [Name of club]?**

|  |  |  |
| --- | --- | --- |
| * 0
 |  |  |
| * 1-2
 |  |  |
| * 3-4
 |  |  |
| * 5-6
 |  |  |
| * 7-8
 |  |  |
| * 9+
 |  |  |

1. **How often would you say you typically go to [Name of club]each week?**

|  |  |  |
| --- | --- | --- |
| * 0
 |  |  |
| * 1-2
 |  |  |
| * 3-4
 |  |  |
| * 5-6
 |  |  |
| * 7-8
 |  |  |
| * 9+
 |  |  |

1. **How satisfied are you with the progress you have made in achieving your squash goals?**

|  |  |  |
| --- | --- | --- |
| * Completely satisfied
 |  |  |
| * Very satisfied
 |  |  |
| * Moderately satisfied
 |  |  |
| * Slightly satisfied
 |  |  |
| * Not at all satisfied
 |  |  |

1. **Please think about your overall experience at the club and rate how strongly you agree or disagree to the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Disagree | Strongly Disagree |
| I am satisfied with the service & facilities at **[Name of club]** |  |  |  |  |  |
| I am usually able to use the courts or get into the sessions I want |  |  |  |  |  |
| I am confident I will continue to attend **[Name of club]**for the next 12 months |  |  |  |  |  |
| I am kept well informed and know what is going on in **[Name of club]** |  |  |  |  |  |
| The **[Name of club]** is a safe place to play |  |  |  |  |  |
| The **[Name of club]** personnel are easy and friendly to deal with |  |  |  |  |  |

1. **How likely is it that you would recommend [Name of club]to a friend or colleague?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all likely |  |  |  |  |  |  |  |  | Extremely likely |

1. **What is the best thing [Name of club]does that makes you want to keep coming back?**

|  |
| --- |
|  |
|  |

1. **What improvements would you like to see at [Name of club]for next time?**

|  |
| --- |
|  |
|  |

1. **Gender**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Female |  |

1. **Age group**

|  |  |  |
| --- | --- | --- |
| * 5 – 12 years
 |  |  |
| * 13 – 19 years
 |  |  |
| * 20 – 29 years
 |  |  |
| * 30 – 39 years
 |  |  |
| * 40+ years
 |  |  |

*We would like to thank you for taking a few minutes to complete our survey. We really appreciate your feedback, which helps us bring you the best experience for you and your family.*