

Group Fitness Survey Autumn

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 20XX 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:

1. **Are you:**

☐ Female

☐ Male

2. **What is your age?**

☐ 18 - 24

☐ 25 - 34

☐ 35 - 44

☐ 45 - 54

☐ 55 - 64

☐ 65 - 74

☐ 75 +

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

☐ Yes (*If Yes, proceed to question 5*)

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

4. **Please indicate your current payment option:**

☐ Gym/Group Fitness 10 Visit Pass

☐ Gym/Group Fitness 10 Visit Pass (Concession)

☐ Gym/Group Fitness single session

5. **How many classes do you attend (on average) per week?**

☐ < 1

☐ 1 - 2

☐ 2 - 3

☐ 4 - 5

☐ > 5

6. **What is your preferred class time?**

☐ Early Morning (6.00am – 9.00am)

☐ Morning (9.00am – 11.00am)

☐ Lunchtime

☐ Evening (6.00pm – 8.00pm)

☐ Other: _____

7. **On which days do you prefer to attend classes?**

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

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

(Tick all relevant classes)

☐ Body Pump

☐ Body Step

☐ Body Balance

☐ Body Attack

☐ Freestyle Step

☐ Power Hour

☐ Boxing

☐ Basic Training

☐ Basic Low

☐ Abs Express

☐ Pilates

☐ Yoga

☐ Freestyle Spin

☐ RPM

☐ Gentle Exercise

☐ Aqua – *Class Type:* _____

☐ Outdoor Training

☐ WLC Run Club

☐ Fit Camp

☐ Dance Fit

9. 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	

10. 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			

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

Existing Classes

<input type="checkbox"/>	Body Pump	<input type="checkbox"/>	Dance Fit
<input type="checkbox"/>	Body Step	<input type="checkbox"/>	Pilates
<input type="checkbox"/>	Body Balance	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Body Attack	<input type="checkbox"/>	Freestyle Spin
<input type="checkbox"/>	Freestyle Step	<input type="checkbox"/>	RPM
<input type="checkbox"/>	Power Hour	<input type="checkbox"/>	Gentle Exercise
<input type="checkbox"/>	Boxing	<input type="checkbox"/>	Aqua – _____
<input type="checkbox"/>	Basic Training	<input type="checkbox"/>	Outdoor Training
<input type="checkbox"/>	Basic Low	<input type="checkbox"/>	WLC Run Club
<input type="checkbox"/>	Abs Express	<input type="checkbox"/>	Fit Camp

Ideas for New Classes

<input type="checkbox"/>	Lower Body Toning
<input type="checkbox"/>	Martial Arts
<input type="checkbox"/>	Kickboxing
<input type="checkbox"/>	Fitball / Bosu Class
<input type="checkbox"/>	Pre / Post-Natal
<input type="checkbox"/>	Parents & Kids Training
<input type="checkbox"/>	Kids classes
<input type="checkbox"/>	Outdoor Classes
<input type="checkbox"/>	Circuit Class
<input type="checkbox"/>	Other _____

Additional suggestions and comments:

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?

☐ Yes

☐ No

What is the best method for us to contact you?

Contact Number:	Email:
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