

## AVERY FITNESS CENTER SURVEY

Thank you for taking time to provide important feedback about **Avery Fitness Center (AFC)**. Please answer the following questions. Your candid responses will help us provide better services in the future. No one at AFC will see your specific responses, so please be honest.

**(1) Which of the following AFC services have you utilized at least once in the last 30 days? (Please check all that apply)**

- Weight Training                       Exercise Circuit                       Therapy Pool  
 Classes                                       Circulation Station

**(2) Within the past 30 days, approximately how many times have you visited AFC to exercise?**

\_\_\_\_\_ Times in the last 30 days

**(3) During what part of the day have you normally visited AFC? (Please check only one)**

- morning                                       afternoon                                       evening

**(4) How did you learn about AFC? (Please check all that apply)**

- Recommendation from Doctor                       Drove by location  
 Recommendation from Friend or Acquaintance                       Article in Paper  
 Advertising (including Yellow Pages)                       Other  
 Heard AFC director speak

**(5) How important to you personally is each of the following reasons for participating in AFC programs? (Circle a number on each scale)**

	not at all important			very important	
General Health and Fitness	1	2	3	4	5
Social Aspects	1	2	3	4	5
Physical Enjoyment	1	2	3	4	5
Specific Medical Concerns	1	2	3	4	5

**(6) How likely is it that you would recommend AFC to a friend or colleague?**

not at all likely	neutral						extremely likely			
0	1	2	3	4	5	6	7	8	9	10

**(7) What was the original event that caused you to begin using services from AFC?**

\_\_\_\_\_

**(8) Current Age** \_\_\_\_\_

**(9) Gender**     Male     Female

**(10) Highest Level of Education Achieved:**

- Less than High School                       Some College                       Four-year College Degree  
 High School Degree                       Associates Degree                       Advanced Degree

**(11) What is your approximate annual household income from all sources, before taxes? (Please check the appropriate category & employment status)**

- \$0–15,000                       \$60,001–75,000  
 \$15,001–30,000                       \$75,001–90,000  
 \$30,001–45,000                       \$90,001–105,000  
 \$45,001–60,000                       \$105,001–120,000  
 more than \$120,000
- Employed  
 Retired

**THANK YOU!**