

2015 Geneva Family YMCA Member Satisfaction Survey

1. Overall, how would you rate the Sample Family YMCA? **Please circle one.**

Excellent Good Fair Poor

2. How would you rate the Geneva Family YMCA on each of the following? **Please check one**

**Not Applicable or
Don't Know**

	Excellent	Good	Fair	Poor	
Front Desk					
Efficiency of front desk procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of program or class registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff can answer questions about schedules, classes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Members					
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough staff to help you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know your name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care about your well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take the initiative to talk to members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check on your progress & discuss it with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would notice if you stop coming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities					
Overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The building is attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment					
Maintenance of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the right equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has enough equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General					
Convenience of schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of classes/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can relate to other members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel welcome at the YMCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. As far as you know

The YMCA is a good place to bring children	Yes	No	Don't Know
You feel a sense of fellowship and belonging at the YMCA	Yes	No	Don't Know
The Y provides financial assistance for members who cannot afford to pay	Yes	No	Don't Know
The Y offers low or no-cost programs for youth and families in the neighborhood	Yes	No	Don't Know
The Y is a good place for your family	Yes	No	Don't Know

4. Compared to other organizations in your community or companies you deal with, please rate your loyalty to the YMCA.

Very loyal Somewhat loyal Not very loyal Not loyal at all

5. All things considered, do you think you will belong to this Y a year from now?

Definitely will Probably will Might or might not Probably not Definitely not

6. If you could change any two things about our YMCA, what would they be? Please list the changes you would make.

a. _____

b. _____

7. Please indicate the availability and general condition of the areas you frequently use:

	Excellent	Good	Fair	Poor	Not Applicable
Free weight room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming pool(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. When you come to the Y, do you mainly engage in group activities or do you mainly engage in individual exercise activities?

Exclusively group activities Exclusively individual exercise Both to group and individual

9. How much has this YMCA helped you meet your health and fitness goals?

Very much Somewhat Not very much Not at all

10. Other YMCA involvement in the past 12 months: YMCA Volunteer YMCA Donor

11. If asked, how likely would you be to volunteer at this YMCA?

Definitely would Probably would Might or might not Probably not Definitely not

12. If asked, how likely would you be to give a contribution to this YMCA?

Definitely would Probably would Might or might not Probably not Definitely not

13. Would you recommend the YMCA to your friends?

Definitely would Probably would Might or might not Probably not Definitely not

14. Please circle your membership type (one only): Family Adult Senior Family Senior Young Adult Temporary Member

15. How long have you been a member or participant of the Geneva Family YMCA?

Less than 1 year 1 - 2 years 3-5 years
6-10 years Longer than 10 years

16. On the average, about how frequently do you come to the YMCA? Please check one response.

6-7 times a week 2-3 times a week 2-3 times a month Less than once a month
4-5 times a week Once a week Once a month

17. Are you Female Male

18. How old are you? Under 25 years 25-34 years 35-49 years 50-64 years 65 years and over

19. Are you: Single? Married?

20. Do you have any children 17 and under living at home?

Yes, birth to 6 years Yes, 6 to 12 years Yes, 13 to 17 years No

Thank you for your cooperation and participation in our study. Please return the questionnaire to the Front Desk

