



Wellness Center Survey

Below you will find a short survey where you can give your input about the kinds of programs and services you would like to see here. It's just one more way that we are *making your health, our priority.*

- Ryan Smykil - Kanza Wellness Center - Manager

1. What type of membership do you have?

- Individual/Senior individual
- Family/Senior family
- Swim Ticket
- Therapeutic
- Kaw Tribal Individual/Kaw Tribal Family
- Employee/Employee Family
- Not a member

2. What services or equipment do you use at the Wellness Center? (check all that apply)

- Treadmill/stationary bike/elliptical
- Pool
- Weight equipment
- Workout classes
- Personal training
- Nutrition

3. How often do you visit the Wellness Center?

- A couple times per month
- At least once a week
- More than once a week
- Almost everyday

Thinking about your most recent visit to the Wellness Center:

4. Date and time of visit? _____

5. Were you greeted by an employee? Yes No

6. Did an employee check you in? Yes No

7. Was the facility clean? Yes No

If not, what part of the facility needed attention? _____

8. Was the equipment in good, working order? Yes No

If not, what piece of equipment needed attention? _____

9. Were employees available to answer your questions or help with equipment? Yes No

10. Upon leaving, did an employee thank you for coming in? Yes No

11. Overall, how satisfied were you with your most recent visit?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

Thinking about programs, services, and equipment you'd like to see at the Wellness Center:

12. What types of classes would you like the Wellness Center to offer? (your top 3)

- Tai Chi
- Yoga
- Boot Camp
- Youth fitness
- Mixed Martial Arts training
- Weight loss classes
- Injury rehabilitation
- Other: _____
- Senior water aerobics
- Swimming lessons
- Chair aerobics

13. What other types of equipment would you like the Wellness Center to offer?

- Heavier weights
- Stair climber
- Kettle bells
- Resistance bands
- Rowing machine
- Other: _____

14. What is the biggest factor that affects your ability to use the Wellness Center?

- Hours of Operation Location of the Center Available child care
 Cost of membership Transportation Class schedule
 Programs Other: _____

Please explain:

15. In your opinion, how else can we improve our facility?

16. How would you prefer we contact you regarding events, class schedules, and other news at the Center? (check all that apply)

- Phone/Cell Email Mailers
 Facebook Twitter LinkedIn