Customer Satisfaction Survey 2 Template

HiFlex Physio

Name:

1. Approximately how often do you visit HiFlex Physio?	
2. What services do you mainly access HiFlex Physio to obtain?	
3. How often are you unable to access classes or services that are listed as being available?	
4. Are you male or female?	
5. What is your age? (optional)	
6.What is your total household income? (optional)	
7. Please tell us what you like most about your visits here?	

	Poor	Below Average	Average	Above Average
8. How satisfied are you with the services provided by the Trainers?	☐	☐	☐	☐
9. How satisfied are you with the availability of equipment for use?	☐	☐	☐	☐
10. How satisfied are you with the cleanliness of the Changing Areas?	☐	☐	☐	☐
11. How satisfied are you with the personal security containers?	☐	☐	☐	☐
12. How satisfied are you with the child care at HiFlex Physio?	☐	☐	☐	☐
13. How satisfied are you with the food and drinks in the Café?	☐	☐	☐	☐
14. How satisfied are you with the atmosphere and cleanliness of the Café?	☐	☐	☐	☐
15. How satisfied are you with the classes?	☐	☐	☐	☐
16. How satisfied are you with the other services? Please nominate:	☐	☐	☐	☐