



15904



# Leisure Services Department Aquatics Evaluation

Shade circles like this:



### 1. How did you feel about this activity/session:

- Did you enjoy your visit today?  Yes  No
- Were staff friendly & courteous?  Yes  No
- Offered at a good time?  Yes  No
- Would you participate again?  Yes  No
- Did you receive good value for your money?  Yes  No
- Would you recommend this class to a friend?  Yes  No

### 2. How did you find out about this activity? (Mark one only)

- Facility Poster  Leisure Guide
- Facility Staff  Library Bulletin Board
- A Friend  Comm. Assoc. Newsletter
- Advertisement  Other

### 3. Other than this activity, how often do you use this facility? (Mark one only)

- Daily  2-3 times/month
- 4-6 times/week  1 time/month
- 2-3 times/week  5-10 times/year
- 1 time/week  Less than 5 times/year

### 4. If you are here with a child, would you like to participate in some type of a recreation class or activity yourself?

- Yes  No

1=Poor 2=Needs Improving 3=Acceptable 4=Good 5=Excellent

### 7. Please rate the instructor on each of the following factors.

- |  |   |
|--|---|
|  | 1 2 3 4 5   |
| Instructor - Organized & prepared                            | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Instructor - Spent sufficient time in the water with class   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Instructor - Safety & supervision of participants            | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Instructor - Helped people who had problems                  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Instructor - Opportunities for parental/participant feedback | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Instructor - Was motivational & enthusiastic                 | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

### 8. Please rate the class on the following factors.

- |  |   |
|--|---|
|  | 1 2 3 4 5   |
| Class - Fun & enjoyable                      | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Class - Opportunities to learn new skills    | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Class - Opportunities to practice new skills | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Class - Overall enjoyment                    | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

Day of Week	Facility	Office Use Only
<input type="radio"/> Monday	<input type="radio"/> Lakewood	<input type="radio"/> George Ward
<input type="radio"/> Tuesday	<input type="radio"/> Lawson	<input type="radio"/> Lathey
<input type="radio"/> Wednesday	<input type="radio"/> Harry Bailey	<input type="radio"/> Mayfair
<input type="radio"/> Thursday		<input type="radio"/> Riversdale
<input type="radio"/> Friday	<b>Season</b>	
<input type="radio"/> Saturday	<input type="radio"/> Winter	<input type="radio"/> Summer
<input type="radio"/> Sunday	<input type="radio"/> Spring	<input type="radio"/> Fall
<b>Class Code</b>	<b>Class start time</b>	
<input type="text"/>	<input type="text"/> : <input type="text"/>	
<b>Instructor</b>		
<input type="text"/>		

### 5. What is your most important reason for taking any aquatics class (Mark one only).

- Make new friends
- Fun & enjoyment
- Improve physical health
- Develop & practise new skills
- To feel safe & comfortable around water

### 6. What was your most important reason for taking this class, at our facility? (Mark one only)

- Location of facility
- Time of this class
- To be with a friend/relative
- Cost
- Quality of instruction

1=Poor 2=Needs Improving 3=Acceptable 4=Good 5=Excellent

### 9. Please rate our facility on the following factors.

- |   |   |
|---|---|
|   | 1 2 3 4 5   |
| Facility - Parking area                 | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - Entrance                     | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - General building cleanliness | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - Changeroom/shower area       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - Pool & deck area             | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - Concession                   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Facility - Physical accessibility       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

### 10. Please rate our front desk staff on the following factors.

- |  |   |
|--|---|
|  | 1 2 3 4 5   |
| Front Desk - Paying attention to customers | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Front Desk - Friendly to customers         | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| Front Desk - Helpful to customers          | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

**This information is kept strictly confidential and is for statistical purposes only!**

### Your Age Group:

- 00 - 04  20 - 24  40 - 44
- 05 - 09  25 - 29  45 - 49
- 10 - 12  30 - 34  50 - 54
- 13 - 14  35 - 39  55 - 64
- 15 - 19  65 & over

### Your Household Structure:

- Single without children
- Single with children
- Married/Common Law without children
- Married/Common Law with children
- Extended family (relatives)
- Unattached family (friends, foster children)

### Your total household income:

- \$10,000 or less  \$40,000 - \$49,999
- \$10,000 - \$19,999  \$50,000 - \$59,999
- \$20,000 - \$29,999  \$60,000 or more
- \$30,000 - \$39,999

### Your Postal Code:

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### Your Gender:

- Female
- Male

### Do you consider yourself:

- Disabled
- Non disabled

### Do you consider yourself:

- First Nations respondent
- Metis respondent
- Non-Aboriginal respondent