

2009 club survey

please take the time to answer this survey by the 31st of january for a chance to win a weekend away at a 5 star hotel in sydney!

first name _____ member number (if known) _____

address _____ suburb _____ postcode _____

best contact number _____ email _____

1. how long have you been a member of oxigen? _____

2. what were your original reasons and or goals for joining oxigen? _____

3. have you reached these goals yet? yes no

if no, would you like some guidance to achieve these goals? yes no

if yes, have you set new goals? and what are they? _____

4. what times do you mostly train throughout the day?

5.30 - 8am 8am - 12pm 12 - 4pm 4 - 8pm 9 - 9.30pm

5. how many times on average do you train throughout the week? (please tick)

1 - 2 3 - 4 5 - 6 7+

6. what can get in the way of your training?

not enough time work family commitments lack of motivation illness / injury

not sure what to do other _____

7. which facilities and or services do you currently use at oxigen?

cardio weights circuit studio 1 (pilates & yoga) studio 2 (rpm)

studio 3 (group fitness) personal training crèche stretch & abs area

8. which facilities and or services would you like to use at oxigen, but feel as though you may need some guidance?

cardio weights circuit studio 1 (pilates & yoga) studio 2 (rpm)

studio 3 (group fitness) personal training crèche stretch & abs area

9. are you happy at oxigen? yes no

please explain _____

10. have you participated in any of our short term programs? yes no

if yes, which ones?

boot camp reformer pilates mat pilates kids dance classes

get real get results 6 week weight loss program

is there anything you would like to see done differently? or do you have any comments? _____

11. are you interested on receiving information on our short term programs? yes no

if yes, which ones?

boot camp reformer pilates mat pilates kids dance classes

get real get results 6 week weight loss program

12. do you have any suggestions for any other programs? _____

13. have you had a personal training session at oxigen before? yes no

if yes, did you enjoy it? _____

who was/ is your trainer? _____

would you consider having another session/ purchasing another pack? _____

further comments _____

14. do you participate in group fitness classes? yes no

if yes, please indicate which programs?

bodypump bodycombat bodystep rpm l.b.t boxing circuit box n butt

fat burner core blast cardio beat circuit young at heart active over 50s

pilates yoga reformer pilates

which program is your favourite? _____

do you have any suggestions for style of classes that we do not currently offer? _____

15. do you have a favourite club trainer? yes no

if yes, who? _____

why? _____

overall how would you rate our club trainers? excellent good average poor

16. do you have a favourite group fitness instructor? yes no

if yes, who? _____

why? _____

overall how would you rate our group fitness instructors? excellent good average poor

17. do you remember who joined you up at oxigen? yes no

if yes, who? _____

since joining have you received how are you going calls? yes no

if yes, did you appreciate the call? _____

18. since joining have you received letters from oxigen for your birthday, non attendance, christmas etc? yes no

if yes, do you like this service? _____

19. do you find the staff helpful and knowledgeable when you make inquiries? yes no

if no, please explain _____

20. how do you rate the attitudes and mannerisms of oxygen staff?

excellent good average poor

please explain _____

21. is there anyone who stands out for exceptional customer service? yes no

if yes, who? _____

22. do you find the gym staff to be friendly, accessible and approachable? yes no

if yes, does anyone stand out in particular? _____

23. do you find the reception staff to be friendly, happy, accessible and approachable? yes no

if yes, does anyone stand out in particular? _____

24. do you have any suggestions on how the oxygen staff can improve in order to make your experience at oxygen better?

25. do you have any further comments on member service or staff service? _____

26. how do you rate the music in the club? excellent good average poor

please explain _____

27. what genre of music do you prefer?

rock hip hop rnb pop country dance 60s 70s 80s 90s

28. how do you rate the climate of the gym? excellent good average poor

further comments _____

29. how do you rate the overall cleanliness of the gym? excellent good average poor

please explain _____

30. how do you rate the smell of the gym? excellent good average poor

please explain _____

31. what areas do you feel cleanliness can improve in? _____

32. how do you rate the equipment in the gym? excellent good average poor

please explain _____

33. do you have any suggestions on other equipment pieces we may be missing and you would like to see in the gym?

34. does the sound of regular oxigen social events sound appealing to you? yes no

if yes, what type of events? _____

35. have you referred anyone to oxigen? yes no

if yes, who? and why? _____

if no, if the opportunity arose would you refer to oxigen? _____

36. please indicate what type of products/merchandise you would like available at oxigen for purchase

- boxing gloves pilates mats heart rate monitors hats t-shirts singlets
 jumpers sports bags training diaries towels drink bottles supplements
 healthy snacks recipe books healthy pre made breakfasts, lunches, dinners and snacks

37. do you find oxigen provides value for money? yes no

please explain _____

38. are you keen on being kept updated with what's going on in the club? yes no

39. how would you prefer to be contacted? post email phone

please ensure that your correct details are listed on this survey.

40. do you feel would you benefit from an sms confirmation service to remind you of appointments?

yes no

41. are you aware of the oxigen health division within oxigen? yes no

42. would you be happy for oxigen to liaise with your doctor and find out if you are eligible to claim some sessions with our oxigen health exercise physiologists through medicare?

yes no if yes:

doctor's name _____ doctor's number _____

medicare # _____ reference # _____

[end of survey](#)

we thank you for taking the time to answer this survey. your answers are much appreciated and will be put towards good use as we are constantly striving to better the services and facilities at oxigen for you.

your name will be placed in the draw to win the weekend stay in sydney.

prize will be drawn on the 31st of january 2010.