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| **Forever Active Evaluation Questionnaire – Review of 2015**We hope that you have enjoyed the classes which you have been taking part in. We would be grateful if you could spare the time to complete this evaluation questionnaire to help us gain feedback on Forever Active. This information will be kept anonymous and confidential.**Please return the completed questionnaire to:**Forever Active Ltd, PO Box 974, Cambridge, CB24 9XG **or by email** to enquiries@forever-active.org.uk by **15th February 2016**  |
| **About you:** |
| Name (optional)  |  | Membership number |  |
| Your postcode |  |
| Please state which Forever Active sessions you are currently taking part in: |
| Class Name | Venue | Instructor |
| Class 1 |  |  |  |
| Class 2 |  |  |  |
| Class 3 |  |  |  |
| Please put x in the appropriate boxes: |
| Under 50 |  | 50-59 |  | 60-69 |  | 70-79 |  | 80 plus |  | Male |  | Female |  |
| Do you consider yourself to have a disability? No |  | Yes |  |  |
|  **About the Forever Active class you attend:** |
| What year did you start attending your first Forever Active class? |  |
| How did you hear about the your class(es)? Please put x in the relevant box(es) |
| Forever Active Brochure |  | Referred by health professional i.e nurse |  |
| Poster/ Leaflet |  | Internet / Forever Active website |  |
| Word of Mouth / via a friend? |  | Local media |  |
| Please place x in the appropriate box below, how you feel best describes your general experience of the class(es) you attend. |
|  | Class 1 | Class 2 | Class 3 |
|  | Poor | Average | Good | Poor | Average | Good | Poor | Average | Good |
| Overall rating of the class |  |  |  |  |  |  |  |  |  |
| The Facility your class is in |  |  |  |  |  |  |  |  |  |
| Your instructor/ teacher/ coach |  |  |  |  |  |  |  |  |  |
| Effectiveness of catering individual needs and abilities |  |  |  |  |  |  |  |  |  |
| The cost |  |  |  |  |  |  |  |  |  |
| The publicity material |  |  |  |  |  |  |  |  |  |
| **If you have rated either poor for any of the above, we would appreciate any further feedback or suggestions on how we could improve** |
|  |
| **Your health and well being:** |
| Have you noticed an improvement in any of the following components of your health and well being since taking part in your Forever Active class/es? (Please place x accordingly) |
| Fitness  |  | Mobility |  | Strength |  | Mental well being |  | Ability to do daily tasks |  |
| Weight loss |  | Sleep patterns |  | Confidence |  | Posture |  | Energy levels |  |
| Balance |  | Improvement in medical conditions |  | Other |
| What motivates you to attend your class and be a member of Forever Active? (Please number in order of importance with 1 being your main reason) |
| The physical health benefits |  | Other(please state) |  |
| The mental health benefits |  |
| The social side |  |
| Why have you chosen to be a member or Forever Active rather than other Sport Centres / health clubs in the area? |
| Specialism for 50+ exercise classes |  | Other(please state) |  |
| Convenience |  |
| Cost |  |
| Social reasons |  |
| **How we can improve our service to you:** | Poor | Average | Good |
| How do you rate the following? |  |  |  |
| The Forever Active brochure |  |  |  |
| The Forever Active Newsletter |  |  |  |
| The Forever Active website |  |  |  |
| Forever Active updates you receive |  |  |  |
| If you have rated poor for any of the above, we would appreciate any further feedback or suggestions on how we could improve |  |
| How is the best way for us to update you on your class information and Forever Active updates? Please place a x appropriately (one only) |
| Via your Instructor |  | Via a Newsletter |  |
| Via the website |  | Meetings  |  |
| Via Email  |  | Other (please state) |
| **The future:** |
| What would be the main thing you feel Forever Active needs to improve upon in 2016? |  |
| We would be grateful if you could write a short testimonial, which we can use in future publicity. (name optional) |  |

THANK YOU FOR YOUR TIME