

Sports Center Facility Feedback Survey Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

1. What was the main purpose of your visit?

- ☐ Open recreation
- ☐ Fitness equipment
- ☐ Group class
- ☐ Court or field activity
- ☐ Pool or aquatic activity
- ☐ Spectator event
- ☐ Other facility use

2. How easy was it to find the space or activity you needed?

- ☐ Very difficult
- ☐ Difficult
- ☐ Neither easy nor difficult
- ☐ Easy
- ☐ Very easy
- ☐ Not applicable

3. Was there enough space for your activity?

- ☐ Far too little
- ☐ Slightly too little
- ☐ About right
- ☐ More than enough
- ☐ I did not use an activity space

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4. How would you describe the condition of the equipment or activity area you used?

- ☐ Very poor
- ☐ Poor
- ☐ Acceptable
- ☐ Good
- ☐ Excellent
- ☐ I did not use equipment

5. How clean was the area you used?

- ☐ Not at all clean
- ☐ Slightly clean
- ☐ Moderately clean
- ☐ Very clean
- ☐ Extremely clean
- ☐ I could not tell

6. How comfortable were the temperature, airflow and lighting during your visit?

- ☐ Very uncomfortable
- ☐ Uncomfortable
- ☐ Neither comfortable nor uncomfortable
- ☐ Comfortable
- ☐ Very comfortable
- ☐ Not applicable

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7. What one facility improvement should be checked first?
