



Dear *HealthStyles* Member:

Member satisfaction is the top priority for the *HealthStyles* staff. That is why we are asking you to take a moment and give us a report card on how we are doing. After you give us a grade for each subject, please write any comments on the back of the form. We would like to know how we can improve our services and what we do well or not so well.

Please return your survey to us as soon as possible. If you put your name and email address on the completed survey, you will be entered in a drawing for three individual one month membership extensions. Entry in the prize drawing is optional. The information you provide us is very important to the overall operation of *HealthStyles*.

Thank you in advance for your participation.

Please note:

This survey can also be accessed on our website at www.windbercare.org.

Return your completed survey to the *HealthStyles* front desk, e-mail to Melissa Patterson, Membership Coordinator at mpatter@windbercare.org or mail to *HealthStyles*, 600 Somerset Avenue, Windber, PA 15963.

Name (optional) _____

Email address (optional) _____

How are we doing? Please grade us on the following:

Are you satisfied with the **friendliness of our staff**?

A	B	C	D	F
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Were you satisfied with how the **staff showed you around the facility**?

A	B	C	D	F
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Were you satisfied on how the staff **answered your questions**?

A	B	C	D	F
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Are your **inquiries resolved** to your satisfaction?

A	B	C	D	F
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Is it easy to **get assistance from a staff member**?

A	B	C	D	F
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Are **the program offerings** meeting your expectations?

A	B	C	D	F
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Are you satisfied with the **facility hours**?

A	B	C	D	F
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Are you satisfied with the **cleanliness** of the facility?

A	B	C	D	F
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Are you satisfied with how **your medical/health conditions were considered** prior to and during your orientation?

A	B	C	D	F
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Are you satisfied with **member communications** such as bulletin boards, brochures, signs and website?

A	B	C	D	F
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Do the staff's education and experience make you feel **safe at the facility**?

A	B	C	D	F
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How would you rate your **overall experience** with the facility?

A	B	C	D	F
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Have you or would you **recommend this facility** to others?

YES	NO
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Since joining this facility, have you **used any hospital clinical services or doctors** for the first time?

YES	NO
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Have you **used personal training**?

YES	NO
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If yes, what marks would you give the **personal training**?

A	B	C	D	F
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Your age:		Gender:	M	F
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Comments: _____
