

# Personal Training Client Satisfaction Survey

The goal of our personal training program is to provide you with the safest and most effective services possible. If you have participated, or are currently participating in the personal training services, we would appreciate if you took a few minutes out of your day to complete this survey, so we can continue to improve upon our program and better serve you and future clients.

## Personal Information & Trainer Information

What is your relation to the university? [Required]

Valid input:

- Select only one choice.

- Student (Undergrad)
- Student (Grad)
- Faculty
- Staff
- Alumni
- Spouse
- Other

What trainer did you work with, or are you currently working with? [Required]

Valid input:

- Select only one choice.

- Wes Burnett
- Chris Carroll
- Dawn Holmes
- Richie Pinedo
- Trevor Gibbons
- Arian Story
- Other

How long did you work with or have you been working with your trainer? [Required]

- Less than 3 months
- 3 months - 1 year
- 1-2 years
- 2-3 years
- 3+ years

## Trainer Evaluation

Evaluate your trainer in each of the following areas.

Punctuality (arrived on time) [Required]

- Excellent
- Good
- Average
- Needs Improvement

Professionalism [Required]

- Excellent
- Good
- Average
- Needs Improvement

Kept a continuous log on your workouts, including weights, reps and sets. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Listened to your goals and needs. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Created a program you could easily follow during your off day without your trainer. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Explained and demonstrated proper form and set-up on all exercises and equipment. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Assisted you in finding your proper exercise intensity and progression. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Explained your fitness assessment results in a way that was easy for you understand. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Ability to motivate [Required]

- Excellent
- Good
- Average
- Needs Improvement

Recommended resources (dietician, etc.) for you to address nutrition concerns. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Fulfilled their role in helping you meet your goals. [Required]

- Excellent
- Good
- Average
- Needs Improvement

Overall effectiveness of the program. [Required]

- Excellent
- Good
- Average
- Needs Improvement

If you did not not meet your goals, why do you think they were not met?

Did you learn anything from your training experience? Please provide details if possible. [Required]

Would you recommend the personal training program to others? [Required]

- Yes
- No

Why or why not? [Required]

If no longer working with a personal trainer, why did you stop?

Valid input:

- Select only one choice.

- Financial reasons
- Not seeing results
- Time restrictions
- Other

Please provide any additional comments, questions, or concerns.