[Company name]

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Gym member feedback form

Date	[Date]

Your experience

Question	Answer / rating
How is the equipment (range and condition)? (1–5)	
How are the classes? (1–5)	
Is the gym clean? (1–5)	
How helpful are the staff? (1–5)	
Is your membership good value? (1–5)	
How would you rate the overall experience? (1–5)	
Would you recommend us to others?	

Comments

[Anything else you would like to tell us]

Contact (optional)

Phone	[Phone]
Email	[Email]