



ABC AQUATIC CENTRE

2021 CUSTOMER SERVICE QUALITY SURVEY

Please help assess the services of this centre by completing this questionnaire. It should take no more than about 10 minutes. Your answers will be treated confidentially, and you can choose to withdraw from this research at any time. Complete the questionnaire to reflect your opinions, not those of any child or other person that may be in your care.

This research is being conducted for ABC Council in conjunction with CERM PI, University of South Australia Business Division. For general enquiries please contact Sushil Karam, email cermpi@unisa.edu.au.

To show our appreciation for taking part in our survey, we would like to offer you a chance to win one of **two Garmin Vivoactive 4S Smartwatches**.

Terms & conditions of Prize Draw:

- 1 x entry per centre customer
- The winners will be drawn by CERM PI, UniSA at the conclusion of this survey and will be notified by centre staff.
- ABC staff are not eligible for the Prize Draw

Your personal information will not be used for any other purpose than stated here or released to any third party. However, you may choose to remain anonymous and not be included in this Prize Draw.

This project has been approved by the UniSA's Human Research Ethics Committee.

ABOUT YOU AND HOW YOU USE THIS CENTRE...

Please tick **ONE BOX** only for each question (with the exception of Q2) and provide information where requested

1. What is the main program / activity that you usually participate in at this centre?

Please tick **ONE BOX** only

- | | | | | | |
|---|--------------------------|-----------------------|---|--------------------------|-------------------|
| 1 | <input type="checkbox"/> | Swimming lessons | 5 | <input type="checkbox"/> | Strength for life |
| 2 | <input type="checkbox"/> | Lap swimming | 6 | <input type="checkbox"/> | Crèche |
| 3 | <input type="checkbox"/> | Recreational swimming | 7 | <input type="checkbox"/> | Other _____ |
| 4 | <input type="checkbox"/> | Aquarobics | | | |

2. Do you also participate in other programs / activities at this centre?

Please tick **ALL RELEVANT** boxes

- | | | | | | |
|---|--------------------------|-----------------------|---|--------------------------|-------------------|
| 1 | <input type="checkbox"/> | Swimming lessons | 5 | <input type="checkbox"/> | Strength for life |
| 2 | <input type="checkbox"/> | Lap swimming | 6 | <input type="checkbox"/> | Crèche |
| 3 | <input type="checkbox"/> | Recreational swimming | 7 | <input type="checkbox"/> | Other _____ |
| 4 | <input type="checkbox"/> | Aquarobics | | | |

ABOUT YOU AND HOW YOU USE THIS CENTRE...

Please tick **ONE BOX** only for each question and provide information where requested

3. Do you usually attend this centre?

- 1 Alone (if yes, please go to Q 5)
2 With others (family, friend, partner, etc)

4. Does your visiting group usually include?

- 1 Children under 5 years of age
2 Children 5 to 15 years of age
3 No children

5. How far do you normally travel to attend this centre?

- 1 5km or less
2 Over 5, to 10 kms
3 Over 10 kms

6. How do you usually get to the centre?

- 1 Private car
2 Walk
3 Bicycle
4 Public transport

7. On average, how many times do you visit the centre?

- 1 Less than once per week
2 Once per week
3 Twice per week
4 Three or more times per week

8. How long do you spend at the centre each visit?

- 1 Less than 30 minutes
2 About 30-60 minutes
3 About 60-90 minutes
4 Over 90 minutes

9. At which time do you most often use the centre?

- 1 Before 9am
2 Between 9am and noon
3 Between noon and 3pm
4 Between 3pm and 6pm
5 After 6pm

10. How long have you been using this centre?

- 1 Less than 1 month
2 1 month to less than 6 months
3 6 months to less than 1 year
4 1 year to less than 2 years
5 2 years to less than 5 years
6 5 years or more

11. My age group is:

- 1 15-19 years
2 20-29 years
3 30-39 years
4 40-49 years
5 50-59 years
6 60-69 years
7 70 years and over

12. I am:

- 1 Male
2 Female

Do you have a chronic illness/permanent disability?

13. disability?

- 1 No
2 Yes

14. I was born in:

- 1 Australia
2 Overseas English speaking country
3 Non-English speaking country

Do you identify as being Aboriginal and/or Torres Strait Islander origin?

15. and/or Torres Strait Islander origin?

- 1 No
2 Yes

16. My postcode is:

YOUR THOUGHTS ON SERVICE QUALITY AT THIS CENTRE...

17. Please evaluate each item in terms of:

Expectations - What you expect

Performance - How well we are doing

		Expectations					Performance							
		Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Very Strongly Agree	Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree	Very Strongly Agree	Don't Know
The centre should...														
1	always be clean	1	2	3	4	5	6	1	2	3	4	5	6	*
2	be well maintained	1	2	3	4	5	6	1	2	3	4	5	6	*
3	have high quality and well maintained equipment	1	2	3	4	5	6	1	2	3	4	5	6	*
4	have clean pool water	1	2	3	4	5	6	1	2	3	4	5	6	*
5	have pool water at the right temperature	1	2	3	4	5	6	1	2	3	4	5	6	*
6	have up-to-date information (i.e. activities, results, events)	1	2	3	4	5	6	1	2	3	4	5	6	*
7	be well organised & well run (i.e. bookings, open/closing times)	1	2	3	4	5	6	1	2	3	4	5	6	*
8	have a suitable range of activities available	1	2	3	4	5	6	1	2	3	4	5	6	*
9	have programs / activities that start and finish on time	1	2	3	4	5	6	1	2	3	4	5	6	*
10	have programs / activities that are relevant to your needs	1	2	3	4	5	6	1	2	3	4	5	6	*
11	provide value for entry fee	1	2	3	4	5	6	1	2	3	4	5	6	*
12	have programs / activities that provide value for money	1	2	3	4	5	6	1	2	3	4	5	6	*
13	ensure behaviour of others doesn't detract from your experience	1	2	3	4	5	6	1	2	3	4	5	6	*
14	have safe and secure parking	1	2	3	4	5	6	1	2	3	4	5	6	*
15	have suitable parking (i.e. number of spaces, drop off zones)	1	2	3	4	5	6	1	2	3	4	5	6	*
16	have suitable food and drink facilities	1	2	3	4	5	6	1	2	3	4	5	6	*
17	provide adequate child minding	1	2	3	4	5	6	1	2	3	4	5	6	*
18	provide a good range of food and drinks	1	2	3	4	5	6	1	2	3	4	5	6	*
19	provide value for money	1	2	3	4	5	6	1	2	3	4	5	6	*
20	sell quality coffee	1	2	3	4	5	6	1	2	3	4	5	6	*
21	have a clean and neatly presented seating area	1	2	3	4	5	6	1	2	3	4	5	6	*
The centre's staff should...														
22	be friendly	1	2	3	4	5	6	1	2	3	4	5	6	*
23	be responsive	1	2	3	4	5	6	1	2	3	4	5	6	*
24	be presentable	1	2	3	4	5	6	1	2	3	4	5	6	*
25	be experienced/knowledgeable	1	2	3	4	5	6	1	2	3	4	5	6	*
26	Instructors should be experienced/knowledgeable	1	2	3	4	5	6	1	2	3	4	5	6	*

18. What aspect(s) of the centre do you particularly enjoy? _____

19. Have you experienced a problem(s) with the centre in the last 12 months?

- 1 No (please go to Q. 22)
- 2 Yes (please explain, then go to Q. 20) _____

20. Did you report the problem to staff?

- 1 No (please explain why not, then go to Q. 22) _____
- 2 Yes (please go to Q. 21)

21. Was the problem resolved satisfactorily?

- 1 No
- 2 Yes

YOUR THOUGHTS ON BENEFITS AT THIS CENTRE AND THE OBJECTIVES YOU WERE INTENDING TO ACHIEVE...

22. Please evaluate each item in regard to:

Importance - How important they are to you

Achievement – Were they achieved at this centre

		Importance					Achievement				
		Not at all	Low	Neutral	High	Very High	Not at all	Low	Neutral	High	Very High
1	Improved health	1	2	3	4	5	1	2	3	4	5
2	Improved physical fitness	1	2	3	4	5	1	2	3	4	5
3	Improved well-being	1	2	3	4	5	1	2	3	4	5
4	Relaxation	1	2	3	4	5	1	2	3	4	5
5	Reduced stress levels	1	2	3	4	5	1	2	3	4	5
6	Improved skill level	1	2	3	4	5	1	2	3	4	5
7	Socialising with family &/or friends	1	2	3	4	5	1	2	3	4	5
8	Improved performance in competitive sport	1	2	3	4	5	1	2	3	4	5
9	Enjoyment	1	2	3	4	5	1	2	3	4	5

23. Please tell us how likely you would be to recommend this centre to others:

Very unlikely	Unlikely	Maybe not	Neutral	Maybe	Likely	Very likely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

24. Overall, how satisfied are you as a customer of this centre?

Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

25. Do you have any further comments you would like to share? _____

Additional Questions x 3

You may choose to complete the questionnaire anonymously, however if you wish to be entered in the prize draw please complete your details below.

Full Name: _____ Email address: _____

Thank you for your time and consideration given to this questionnaire

In accordance with University ethics requirements, your response will be managed in a confidential manner, with only the combined responses of all participants in this survey being reported back to the centre. However, the researcher cannot always guarantee the confidentiality of material sent via email/internet.

Aggregated outcomes of research efforts may be reported in professional forums, and will be available to respondents of this survey on request. Summaries of the findings will be provided to management to promote to respondents of the survey. This data will provide information to help management improve services at the centre. In addition, some questions will be used primarily to advance research.

The questionnaire data will be stored according to UniSA's confidentiality and ethics protocols at the UniSA Centre for Tourism & Leisure Management; accessible only to members of the research team for 5 years.

If you have any ethical concerns about the project or questions about your rights as a participant, please contact UniSA Human Research Ethics Committee, Executive Officer (phone +61 8 8302 3118; email vicki.allen@unisa.edu.au).