Satisfaction Survey

To use this electronic form, on your keyboard, 'tab' from field to field, 'enter' to place check marks. You may also print it out and mail it to the address below.

Carteret County Parks and Recreation

Name of Program

Location of Activity

Date of Program

Date Survey Completed

1 - vory discotisfied							
1 = very dissatisfied 2 = dissatisfied 3 = neutral 4 = satisfied	Does Not Apply	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Office Use Only
5 = very satisfied	ŏ `	Dis	Dis		Š	Š	ð
Was the facility adequate for the activity?							
Was the equipment adequate for the activity?							
How would you rate your experience in this activity?							
Was this your first time participating in a County Parks & Recreation activity?							
Were Parks and Recreation staff polite and professional?							
Were you given enough information about the activity?							
Was the information you were given easy to understand?							
Were the officials knowledgeable about the activity?							
Were the officials polite and professional?							
	•						
Please answer the following questions.						_	
Is this the first time participating in this activity?	n/a		yes		no		
	n/a		yes		no		
Did you learn a new skill? Game?	""u		-				,
Did you learn a new skill? Game? Do you participate in other activities similar to this?	n/a		yes		no		
•	1 0		yes yes		no no		
Do you participate in other activities similar to this?	n/a		-				
Do you participate in other activities similar to this? Will you participate in this activity again?	n/a n/a		yes		no		
Do you participate in other activities similar to this? Will you participate in this activity again? Did you have fun? Do you feel that this activity helped improve your overall health?	n/a n/a n/a		yes yes		no no		
Do you participate in other activities similar to this? Will you participate in this activity again? Did you have fun?	n/a n/a n/a		yes yes		no no		
Do you participate in other activities similar to this? Will you participate in this activity again? Did you have fun? Do you feel that this activity helped improve your overall health?	n/a n/a n/a		yes yes		no no		

How did you find out about this activity?

We'd like to send you information about this activity and any others you expressed interest in; please tell us how to contact you.

Name

Email Address

Mailing Address