

The Friends of Stonehaven Open Air Pool Customer Survey 2009

Date form completed _____ Weather _____

The Friends of Stonehaven Pool would very much appreciate a few minutes of your time to answer the following questions. This should help us to improve the Pool and the service we offer.

1 Gender & number Are you:

Male Female If in a group, how many in your party?

If in a group, please state numbers in the boxes, both above and for other appropriate questions

2 Area of residence Are you:

A resident of Stonehaven (town)

A resident in the immediate area (AB39 postcode and/or 01569 dialling code)

A visitor who has travelled from outside the area (including Aberdeen/Dundee)

A holidaymaker staying in the town or area

If on holiday or visiting from outside the area (inc Aberdeen/Dundee) please tell us your home town/area _____

3 Frequency of visit Are you:

A first time visitor to the Pool

A regular Pool user (during the season) How many times per week?

An occasional Pool user How many times per season?

Someone who visits the Pool most seasons (eg while on holiday)

4 Which of these influenced your decision to visit the Pool:

Please complete all which apply

Press/radio/TV report Which paper/magazine/programme? _____

The Pool's leaflet Where did you get your copy? _____

The Pool's website

VisitScotland Guide

Raring2Go

Word-of-mouth recommendation

Website recommendation Which website? _____

Other – please describe _____

5 Have you visited the Pool's website? www.stonehavenopenairpool.co.uk

Yes Did you find it easy to use/navigate? Yes No

No

6 How would you describe the experience of swimming in our Pool?

7 Will you come back again?

Definitely

Possibly

Unlikely Why? _____

Definitely not Why not? _____

8 Did you find the atmosphere and attitude of staff:

Welcoming
Friendly
Unfriendly
Unhelpful

9 Did you use the Splash Café?

Yes No Why not? _____ Did you enjoy the food? Yes No

10 Did you/your children use the new Paddling Pool?

Yes No Did the Paddling Pool influence your decision to visit? Yes No

11 Do you think the Paddling Pool age restriction (4 and under) is acceptable?

Yes No What should it be, bearing in mind it MUST be safe for toddlers? _____

12 Do you think your ticket today offered good value for money?

Yes No Why not? (please remember tickets are valid ALL day) _____

13 Have you/will you also visit shops, attractions etc in Stonehaven today?

Yes No

14 If there was 1 thing you could improve in the Pool complex what would it be?

15 Would you be willing to become an ACTIVE Friend of the Pool?

If so, please complete the following, and someone will get in touch. The Friends have an annual maintenance programme, but also need admin and management support, so please let us know if you have particular skills or experience.

Name _____ Tel no _____

Email _____

Any particular skills/experience _____

**Thank you for taking the time to complete our survey.
Please do visit us again – and have a nice day!**

David Culshaw
Friends of Stonehaven Open Air Pool
July 2009