

Just Aerobics, Inc.

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Dear Aerobic Participants

There have been many changes to the Just Aerobics program over the past years, to make things better for you, the participant. It is with your help that I can continue to make changes to enhance the program to your benefit. Your suggestions and comments are an important factor in making these arrangements. Please take a moment to fill out the questionnaire. You may mail this to the address above, scan and email to me, or hand it in to me personally in a sealed envelope. Names are not necessary. Thank you for your valuable input, and thank you for being an important part of Just Aerobics!

1) How did you hear about Just Aerobics, Inc.?

2) If you heard about us through an advertisement or flyer, please indicate the name of the paper or publication:

3) How does the Just Aerobics program compare to others that you have tried?

4) If you have been a Just Aerobics participant for more than 2 sessions, why have you remained?

5) What class do you enjoy most? (Step, Sculpt, KickBox, etc.):

Why? _____

6) Is there any other form of aerobics that you would like us to offer?

7) Is there anything else you would like to see as part of the program?

8) How do you feel about the flexibility of our classes? (days, times, etc.):

9) Would you like to see any classes offered on different days and times? _____

If so, please state what you would like: _____

10) Which Just Aerobics location do you enjoy going to most?

Why? _____

11) Approx. how far do you travel to take a Just Aerobics class?

12) How far would you travel to a Just Aerobics location?

13) Is there anything that you would like to see the Just Aerobics instructors do, that they currently are not doing? (ie. Stand somewhere different, music, talk more/less):

14) Is there anything that you would like the Just Aerobics instructors to discontinue?

15) Would you recommend Just Aerobics to a friend?

16) Additional Comments and/or suggestions:
