



### Medical Fitness Facility Director's Survey

Is your facility a non-profit facility?       Yes                       No

Is your facility currently:                       Operating at a profit  
    About breaking even  
    Operating at a loss

How many square feet is your indoor facility?                      \_\_\_\_\_%

About what percentage of your members are referrals from the hospitals or doctors at the hospital?      \_\_\_\_\_%

What percentage of your members come from the local community without referrals from the hospital and its doctors?      \_\_\_\_\_%

What has been the net change in number of members over the last year?      \_\_\_\_\_

Please rate how competitive with other local facilities your Center is in terms of:

	Very Competitive				Not At All Competitive	
Initial joining fees	6	5	4	3	2	1
Monthly Dues/Fees	Very Competitive				Not At All Competitive	
	6	5	4	3	2	1

Should Medical Fitness Facilities target 'non-traditional' markets in the local community, such as:

- Deconditioned/non-exercisers
- Non-users of fitness facilities
- People under 35 years old
- People 35-65 years old
- People 66 years and older

Does your facility market to 'non-traditional' markets in the local community, such as:

- Deconditioned/non-exercisers
- Non-users of fitness facilities
- People under 35 years old
- People 35-65 years old
- People 66 years and older

Does your facility proactively market to the local market?       Yes                       No

If yes, which of the following marketing tools do you use:

- |   |  |
|---|--|
| <input type="checkbox"/> Advertise in local media           | <input type="checkbox"/> Seek out stories in local media |
| <input type="checkbox"/> Give presentations to local groups | <input type="checkbox"/> Offer free incentives           |
| <input type="checkbox"/> Direct mail                        | <input type="checkbox"/> Other                           |

About what percentage of new joiners this year are directly referred by a medical doctor?

(If you don't know, please do not guess, leave blank)

\_\_\_\_\_ %                      Don't Know \_\_\_\_\_

About what percentage of new joiners this year are first-time joiners to a health club?

(If you don't know, please do not guess, leave blank)

\_\_\_\_\_ %                      Don't Know \_\_\_\_\_

Does your facility track and report member outcomes?     \_\_\_ Yes             \_\_\_ No

If yes, which outcomes do you track?

\_\_\_ Blood Pressure

\_\_\_ Orthopedic Programs

\_\_\_ Pulmonary Rehab

\_\_\_ Arthritis Programs

\_\_\_ Oncology Programs

\_\_\_ Other

If no, do you plan to track outcomes in the near future?     \_\_\_ Yes             \_\_\_ No

Please indicate your three most popular programs: \_\_\_\_\_

What specific programs would you want to add next? \_\_\_\_\_

Thinking about your facility's exercise equipment, which specific piece(s) of equipment would you like to add next? \_\_\_\_\_

What do you feel are the main benefits you/your facility receive for your membership in the Medical Fitness Association?

\_\_\_ Networking Opportunities

\_\_\_ Legislative Trends/Actions

\_\_\_ Benchmarking Opportunities

\_\_\_ Increased Public Awareness

\_\_\_ Industry News/Information

\_\_\_ Outcomes Reports

\_\_\_ Best Practices

\_\_\_ Creating Public Awareness

\_\_\_ Creating Doctor/Hospital Awareness

\_\_\_ Certification

\_\_\_ Research Reports

\_\_\_ Other

In addition to these benefits, what other services/benefits should the Medical Fitness Association provide for its members? \_\_\_\_\_

How would you rate your relationship with the C-level faculty at your facility?

Excellent

Poor

6

5

4

3

2

1

How important do you feel it is for Medical Fitness Facilities to be certified?

Very Important

Not At All Important

6

5

4

3

2

1

Please indicate which you think are the main benefits of certification for Medical Fitness Facilities?

\_\_\_ Assures members of specified levels of services

\_\_\_ Assures that the facility meets appropriate standards

\_\_\_ Provides a marketing tool for facilities

\_\_\_ Helps strengthen the MFF brand

\_\_\_ Indicates MFF's advantages over competitors

\_\_\_ Indicates active hospital involvement

\_\_\_ Connection with other certified Medical Fitness Facilities

\_\_\_ Other

Please indicate the three most important benefits of certification: \_\_\_\_\_

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Overall, how would you rate the Medical Fitness Association's certification program?

Excellent					Poor
6	5	4	3	2	1

Please explain your rating: \_\_\_\_\_

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Taking everything into consideration, how would you rate the effectiveness of the Medical Fitness Association?

Excellent					Poor
6	5	4	3	2	1

Please explain your rating: \_\_\_\_\_

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Thank you, we appreciate your participation!

Please fax this survey to (804) 897-5704 or email [Stephanie.marquart@medicalfitness.org](mailto:Stephanie.marquart@medicalfitness.org).