Your Views Matter to Us

Please complete this questionnaire in order to help us improve the sessions/facilities that your Moray Hydrotherapy Pool offers.

PLEASE CIRCLE THE OPTION THAT BEST REFLECTS YOUR VIEW

How often do yo	u use the Hydrothe	rapy Pool?					
a) once a week	b) twice a week	c) more often	d) less often				
	THE FOLLOWING 5 = Excellent	BY CIRCLING					
RECEPTION - the service provided by Reception Staff							
1 2 3	4 5						
Comments :-							
CHANGING FAC	ILITIES - Standa	ed of the changing:	facilities				
CHANGING		a of the changing	, ucili lies				
1 2 3	4 5						
Comments:-							

POOL FACILITIES - Standard of Pool						
1	2	3	4	5		
Comme	nts:-					
POOL	ATTE	NDAIN	15-5	ervice provided by poolside staff		
1	2	3	4	5		
Comme	nts:-					
ASSES receive		NTS - '	The qu	ality and usefulness of the assessment you		
1	2	3	4	5		
Comme	nts:-					
RE-AS	SESSI	MENT	- Have	e you attended a re-assessment?		
YES/	NO					
If YES how satisfied were you with the service/information provided						
1	2	3	4	5		
Comme	nts:-					
If NO	, pleas	e tell u	ıs why			

IMPROVEMENTS - Is there any other improvements you would like to					
see? eg Water confidence sessions					
Comments:-					
CHARGES - We must, of course, try to cover our running costs. Do you think our charges are:-					
a) Too High b) Just Right c) Too Low					
If prices were changed, please suggest a price you feel would be suitable-					
Should we charge for Carers who are in the Pool?					
YES/NO					
If YES please suggest a price you feel would be suitable					
Comments:-					
THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONAIRE					
Your views are important to us. The information you provide will only be made available to the Board Members of Moray Hydrotherapy Pool.					
Optional information - Your Name					
Your telephone no					
Your e-mail address					

Please post the completed form in our 'Comments' box