

PING PONG PARLOUR FEEDBACK FORM



Thank you for recently visiting a Ping Pong Parlour! We would love to hear how you got on and any suggestions you may have of how it could be even better. By completing this survey you can be entered into our prize draw for the chance to win a £50 Amazon voucher! See overleaf for details.

The data collected in this survey will be kept confidential and your details will not be shared with any third parties. All data is stored securely in an online platform and is used for reporting and marketing purposes, in order to inform the development of our products. By completing this survey, you consent to us using your feedback for reporting and marketing purposes, in which you will not be identifiable.

YOUR PING PONG PARLOUR EXPERIENCE

1. Which Parlour did you play at?

2. How long did you play for whilst at the Ping Pong Parlour?

Less than 10 minutes 10 - 20 minutes 20 - 30 minutes More than 30 minutes

3. Was there anything that stopped you playing for longer?

4. How would you rate the Ping Pong Parlour?*



*Please tick, ring or shade as appropriate, with 1 being the least and 5 the most.

5. Is there anything we could add to the Ping Pong Parlour to improve your experience?

6. How likely is it that you would recommend visiting a Ping Pong Parlour to someone else?*



*Please tick, ring or shade as appropriate, with 0 being the least likely and 10 the most likely.

7. After your experience, would you return to the Ping Pong Parlour?

Yes No

8. If yes, how often do you think you will visit the Parlour?

Once a week Once a fortnight Once a month More often Less often

9. Why did you visit the Ping Pong Parlour? Tick all that apply

To be part of something fun To improve my skills To help someone else To win
 To be with others To improve my health and fitness To challenge people to a game

10. How likely are you to go shopping in the Centre before or after visiting the Ping Pong Parlour ?



*Please tick, ring or shade as appropriate, with 1 being the least and 5 the most.

11. How likely are you to buy something to eat or drink in the Centre before or after visiting the Parlour?*



*Please tick, ring or shade as appropriate, with 1 being the least and 5 the most.

12. How much are you likely to spend on your visit to the Centre?

£

YOUR PHYSICAL ACTIVITY

13. How would you describe your approach to physical activity in the month before playing in the Parlour?

- | | |
|---|--|
| <input type="checkbox"/> Physical activity wasn't on my radar | <input type="checkbox"/> I had done some physical activity, but for less than 3 months |
| <input type="checkbox"/> I thought about physical activity a bit | <input type="checkbox"/> I had done physical activity for over 3 months |
| <input type="checkbox"/> I was planning on doing some physical activity | |

14. How would you describe your activity levels at that time?

Note: each activity session must last at least 10 minutes, e.g. 30 minutes could be 3 x 10 minutes, 2 x 15 minutes or 1 x 30 minutes

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Under 30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> 60+minutes |
|---|--|-------------------------------------|

A BIT MORE ABOUT YOU ..

15. Are you

- | | | |
|-------------------------------|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> prefer not to say |
|-------------------------------|---------------------------------|--|

16. Your age

- | | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-49 | <input type="checkbox"/> 50+ | <input type="checkbox"/> prefer not to say |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|--|

17. Your ethnicity

- | | | |
|---|---|--|
| <input type="checkbox"/> White/British | <input type="checkbox"/> Asian or Asian British/Bangladeshi | <input type="checkbox"/> Mixed/White & Black Caribbean |
| <input type="checkbox"/> White/Irish | <input type="checkbox"/> Asian or Asian British/other Asian | <input type="checkbox"/> Mixed/White & Asian |
| <input type="checkbox"/> White/Other | <input type="checkbox"/> Black or Black British/Caribbean | <input type="checkbox"/> Mixed/Other Mixed |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Black or Black British/African | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian or Asian British/Indian | <input type="checkbox"/> Black or Black British/Other Black | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Asian or Asian British/Pakistani | <input type="checkbox"/> Mixed/White & Black African | <input type="text"/> |

18. Do you have any long-term illness, health problem or anything which limits your daily activities?

- | | | | | |
|--|----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other
(please specify below) |
| <input type="checkbox"/> Social or behavioural | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical | <input type="checkbox"/> Prefer not to say | <input type="text"/> |

Thank you for taking the time to complete this survey, we really appreciate it! For your chance to win a £50 Amazon voucher, please enter your details below (we promise not to share your details with any 3rd parties). Closing date for entries is 15th March 2019. Draws will take place on 31/07/18, 30/11/18 and 29/03/19. Winners will be drawn at random and notified via email. If the prize is not claimed within 14 days the prize will be redrawn.

NAME

EMAIL ADDRESS

Would you like us to keep you up to date with all things table tennis via email? Yes / No (delete as applicable)