



Sitting Volleyball Program 2025 Survey

**Did you enjoy our Sitting Volleyball Program? Do you have any feedback?
Let us know!**

Contact email address

1. (Required) 1. Which Sitting Volleyball Program did you attend?

Example: Sports Halls Friday

2. (Required) 2. Participant's age?

3. 3. Participant's gender?

4. 4. Participant's ethnicity?

5. (Required) 5. Is this the first time the participant has attended our Sitting Volleyball Program?

6. (Required) 6. How did you hear about our Program?

7. 7. What was the participant's favourite part of the program?

8. (Required) 8. How satisfied were you with our Program? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

9. (Required) 9. How satisfied were you with our coaches? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

10. (Required) 10. How satisfied were you with the Venue? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

11. (Required) 11. How satisfied were you with the registration process? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

12. (Required) 12. How satisfied were you with the communication from Volleyball NSW? (Please tick ONE option)

- very satisfied
- satisfied
- unsatisfied
- very unsatisfied

13. 13. Do you have any suggestions on how we can make the program more engaging and accessible?

14. (Required) 14. How likely is it that you would recommend our Sitting Volleyball Program to a friend? (Please tick ONE option)

very likely

likely

unlikely

very unlikely

15. (Required) 15. How likely are you to attend another Sitting Volleyball Program? (Please tick ONE option)

very likely

likely

unlikely

very unlikely