

Telephone Technique

Number: _____
Interviewer Name: _____
Date and time of interview: _____

Questionnaire Format

INTRODUCTION: "Hello, my name is _____ and I am a student at UW-La Crosse. I am conducting a survey for my business research class. The purpose of this survey is to determine customer satisfaction for Hot Springs Spas & Pools. This survey will only take approximately five minutes of your time and all information will be kept confidential. Feel free to interrupt the survey at any time. If you questions or concerns about this survey, please feel free to contact Professor Keith Sherony at 785-8101. Would you be willing to participate?"

1.) Which of the following have you purchased at Hot Springs Spas & Pools?

Swimming Pool Yes ___(1) No ___(0)

Spa Yes ___(1) No ___(0)

***IF NO TO BOTH SKIP TO QUESTION #14**

2.) Did Hot Springs install your swimming pool/spa?

Yes (1)

No (0) ***SKIP TO QUESTION #4**

3.) How would you rate the installation of your swimming pool/spa? Was it: (**READ OPTIONS**)

Excellent	Very Good	Average	Fair	Poor
(5)	(4)	(3)	(2)	(1)

4.) Do you have a maintenance program for your swimming pool/spa?

Yes (1)

No (0) ***SKIP TO QUESTION #6**

5.) Is your maintenance program through Hot Springs?

Yes (1) ***SKIP TO QUESTION #8**

No (0)

6.) Do you know that Hot Springs offers a maintenance program?

Yes (1)

No (0)

7.) Would you be interested in the maintenance program offered by Hot Springs?

Yes (1) ***SKIP TO QUESTION #9**

No (0) ***SKIP TO QUESTION #9**

8.) How would you rate the maintenance program offered by Hot Springs? Was it: (**READ OPTIONS**)

Excellent	Very Good	Average	Fair	Poor
(5)	(4)	(3)	(2)	(1)

9.) Do you currently purchase swimming pool/spa chemicals and products from Hot Springs?

Yes (1) ***SKIP TO QUESTION #11**

No (0)

10.) Do any of the following factors influence why you do not purchase products from Hot Springs? **(READ ALL OPTIONS)**

- | | | | | |
|------------------|-------|--------|----|--------|
| Price | Yes | ___(1) | No | ___(0) |
| Brands Offered | Yes | ___(1) | No | ___(0) |
| Location | Yes | ___(1) | No | ___(0) |
| Customer Service | Yes | ___(1) | No | ___(0) |
| Other | _____ | | | |

****IF OTHER, ASK IF THEY WOULD LIKE TO ELABORATE**

11.) Overall, how would you rate the quality of your swimming pool/spa? Was it: **(READ OPTIONS)**

- | | | | | |
|-----------|-----------|---------|------|------|
| Excellent | Very Good | Average | Fair | Poor |
| (5) | (4) | (3) | (2) | (1) |

12.) Would you recommend Hot Springs to someone who is looking to purchase a swimming pool/spa?

- Yes (1)
No (0)

13.) Why or why not?

14.) Have you purchased a pool table from Hot Springs?

- Yes (1)
No (0) ***SKIP TO QUESTION #17**

15.) Was your pool table set up by Hot Springs?

- Yes (1)
No (0) ***SKIP TO QUESTION #17**

16.) How would you rate the installation of your pool table? Was it: **(READ OPTIONS)**

- | | | | | |
|-----------|-----------|---------|------|------|
| Excellent | Very Good | Average | Fair | Poor |
| (5) | (4) | (3) | (2) | (1) |

17.) Have you purchased any other products from Hot Springs?

- Yes (1)
No (0)

18.) How important on a scale of 1 to 5, with 5 being the most important and 1 being the least important, was Hot Springs' location a factor in your decision to purchase from them?

- 5 4 3 2 1

19.) What would be your preferred location for Hot Springs?

- Current Location, La Crosse (1)
Onalaska (2)
Some other location (3)

20.) Overall, how would you rate your experience with Hot Springs Spas & Pools? Was it: **(READ OPTIONS)**

- | | | | | |
|-----------|-----------|---------|------|------|
| Excellent | Very Good | Average | Fair | Poor |
| (5) | (4) | (3) | (2) | (1) |

21.) Do you have any recommendations for improvement?

22.) What is your gender? **(READ ONLY IF NECESSARY)**

Male (0)

Female (1)

23.) What age category do you fall under? **(READ OPTIONS)**

18 or under (1)

19-35 (2)

36-50 (3)

51-65 (4)

66 or older (5)

24.) What is your zip code?

25.) What is the annual income of your household? **(READ OPTIONS)**

\$0-\$25,000 (1)

\$25,001-\$50,000 (2)

\$50,001-\$75,000 (3)

\$75,001-\$100,000 (4)

\$100,001 or above (5)

Thank you for your time and cooperation I greatly appreciate it!

Number: _____

Interviewer Name: _____

Date and time of interview: _____

Hello, my name is _____, I am a student at the University of Wisconsin-La Crosse. I am conducting a random sample survey for my Business Research class about dining habits of La Crosse residents. This survey will take no more than five minutes and all answers will be kept confidential. If you have any questions please feel free to contact my professor, Mr. Keith Sherony at 785-8101.

Would you help by participating in this brief survey?

1. How many times a week do you go out for drinks?

*Check a category based on their answer 0₍₀₎ _____ 1-2₍₁₎ _____ 3-4₍₂₎ _____
5+₍₃₎ _____

IF 0, GO to #3

2. Out of the times you go for a drink, how many are directly after work?

*Check a category based on their answer 0₍₀₎ _____ 1-2₍₁₎ _____ 3-4₍₂₎ _____
5+₍₃₎ _____

3. Other than fast food, how many times do you go out to eat in a week?

*Check a category based on their answer 0₍₀₎ _____ 1-2₍₁₎ _____ 3-4₍₂₎ _____
5+₍₃₎ _____

IF 0, GO to #6

4. When going out to eat, do you ever go to a neighborhood sports bar and grill?

Yes₍₀₎ _____ No₍₁₎ _____

IF NO, GO to #6

5. When going to a bar and grill which of these features do you look for?

a. Pool? Yes₍₀₎ _____ No₍₁₎ _____

- b. Darts? Yes₍₀₎ _____ No₍₁₎ _____
- c. Video Slots? Yes₍₀₎ _____ No₍₁₎ _____
- d. Foosball? Yes₍₀₎ _____ No₍₁₎ _____
- e. Big Screen TV? Yes₍₀₎ _____ No₍₁₎ _____
- f. Drink Specials? Yes₍₀₎ _____ No₍₁₎ _____

6. Please Rank 1 through 5: 1 being not interested and 5 being very interested.

If a neighborhood sports bar and grill opened on the south side of La Crosse, how interested would you be in the following?

- a. Serving Pizza? 1₍₀₎ 2₍₁₎ 3₍₂₎ 4₍₃₎ 5₍₄₎
- b. Bar Leagues? 1₍₀₎ 2₍₁₎ 3₍₂₎ 4₍₃₎ 5₍₄₎
- c. Being Smoke-Free? 1₍₀₎ 2₍₁₎ 3₍₂₎ 4₍₃₎ 5₍₄₎

To finish, I would like to ask you a few questions about yourself:

7. What is your age? 21-29₍₀₎ _____ 30-39₍₁₎ _____ 40-49₍₂₎ _____ 50-59₍₃₎ _____
60+₍₄₎ _____
8. Are you Married? Yes₍₀₎ _____ No₍₁₎ _____
9. Do you have children under the age of sixteen? Yes₍₀₎ _____ No₍₁₎ _____
10. Are you a smoker? Yes₍₀₎ _____ No₍₁₎ _____

IF NO, Thank you for your time.

11. If you are a smoker, would you go to a sports bar that was smoke-free?

Yes₍₀₎ _____ No₍₁₎ _____

Number _____
 Interviewer Name _____
 Date and time of interview _____

Hi, my name is _____ and I am a student at the University of Wisconsin La Crosse. I am a member of a group conducting a survey for my business research class. The purpose of the survey is to determine college students opinions on the current and future states of technology at UW-L. I just have a few questions that I would like to ask you. This will only take a few minutes of your time and your answers will be kept confidential. If you have any concerns about this survey, please contact Professor Keith Sherony at 785-8101. Do you wish to participate?

IF YES, CONTINUE, IF NO, GO TO END OF SURVEY

1.) Do you own a computer?

_____ 1) Yes (182)

_____ 0) No (18)

IF NO, SKIP TO QUESTION 3

2.) What type of computer do you own?

_____ 1) Desktop (83)

_____ 2) Laptop (99)

_____ 3) Other *PLEASE LIST* (18)

Please answer the following using ratings scale of Excellent, Very Good, Average, Fair, or Poor.

3.) How would you rate the overall technology available on campus?

1) Poor (1)	2) Fair (19)	3) Average (33)	4) Very Good (106)	5) Excellent (41)
-------------	--------------	-----------------	--------------------	-------------------

4.) How well do you feel technology is integrated into the classroom?

1) Poor (11)	2) Fair (28)	3) Average (62)	4) Very Good (91)	5) Excellent (8)
--------------	--------------	-----------------	-------------------	------------------

5.) How would you rate the faculty's ability to use for the technology available in the classroom?

1) Poor (5)	2) Fair (24)	3) Average (96)	4) Very Good (70)	5) Excellent (5)
-------------	--------------	-----------------	-------------------	------------------

Next I would like to ask you a few questions about wireless technology on campus.

6.) Are you aware there is wireless network coverage available on campus?

1) Yes (136)	0) No (64)
--------------	------------

IF NO, SKIP TO QUESTION 8

7.) On average, how many days per week do you use the wireless network on campus?
M=.65

8.) If the university provided you with a personal digital device, such as a laptop or a tablet PC would you be more likely to use the wireless network?

1) Yes (135)	0) No (65)
--------------	------------

In the following three questions, please rate whether you agree or disagree with the statements using a rating scale of: **Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree.**

9.) It would be beneficial having complete wireless network coverage on campus.

5) Strongly Agree (51)	4) Agree (119)	3) Neutral (27)	2) Disagree (3)	1) Strongly Disagree (0)
------------------------	----------------	-----------------	-----------------	--------------------------

10.) I would be in favor of a university requirement to purchase a wireless personal digital device such as a laptop or a tablet PC from the university?

5) Strongly Agree (0)	4) Agree (42)	3) Neutral (52)	2) Disagree (88)	1) Strongly Disagree (18)
-----------------------	---------------	-----------------	------------------	---------------------------

IF STRONGLY AGREE OR AGREE SKIP TO QUESTION 12

11.) I would be in favor of the previously mentioned devices if they were heavily integrated into the classroom and curriculum?

5) Strongly Agree (2)	4) Agree (79)	3) Neutral (58)	2) Disagree (18)	1) Strongly Disagree (1)
-----------------------	---------------	-----------------	------------------	--------------------------

Finally, we have just a few questions left to ask that will be used for statistical purposes.

12.) **DO NOT ASK!!!** What is your gender? **DO NOT ASK!!**

1) Male (68)	0) Female (132)
--------------	-----------------

13.) What is your age? ___ M= 20.1 ___ (*FILL IN BLANK*)

14.) What is your year in college?

1) Freshman (62)	2) Sophomore (46)	3) Junior (50)	4) Senior (40)	5) Graduate Student (0)	6) Other (2)
------------------	-------------------	----------------	----------------	-------------------------	--------------

If Other Please Specify _____

15.) Do you currently live on or off campus?

1) On campus (107)	2) Off-campus (93)
--------------------	--------------------

16.) Which colleges do you currently belong too?

1) Business Administration (44)	2) Liberal Studies (47)
3) School of Arts & Communication (9)	4) EESHR (48)
5) Science & Allied Health (52)	

17.) How many credits are you taking?

1) Over 12 (full time) (190)	2) Under 12 (part time) 10)
------------------------------	-----------------------------

Thank you for participating in our survey. Your input is greatly appreciated. Have a nice day.