

# Guest Survey

Date: \_\_\_\_\_

Mass Time: \_\_\_\_\_

Please help us live up to our mission by rating your experience here using this assessment sheet. Rating Scale: 0 = non-existent, 1 = unsatisfactory, 2 = satisfactory, 3 = excellent. Please provide reasons whenever possible.

Did anyone greet you or offer assistance or welcome *before* you entered the building?

What was the reception like when you entered? 0 – 1 – 2 – 3

What was your first impression of the building? 0 – 1 – 2 – 3 Because...

Were you offered assistance in finding your way? 0 – 1 – 2 – 3

Was the location of restrooms and other facilities clear? 0 – 1 – 2 – 3

Was there diversity of our community evident in leadership roles including young people? 0 – 1 – 2 – 3

What words best describe your general impression of the experience:

warm    prayerful    celebratory    affirming    inspiring  
 reverent    thoughtful    orderly    refreshing    energetic  
 challenging    peaceful    other:

Specifically how would you rate:

music... 0 – 1 – 2 – 3  
preaching... 0 – 1 – 2 – 3  
participation... 0 – 1 – 2 – 3  
welcome... 0 – 1 – 2 – 3

How comfortable was the church space:

seating... 0 – 1 – 2 – 3  
temperature... 0 – 1 – 2 – 3  
ease of hearing... 0 – 1 – 2 – 3  
other... 0 – 1 – 2 – 3 \_\_\_\_\_

Afterward? How were you treated as you left?

important  
 of interest  
 invisible

Was there any kind of visitor center or information station? 0 – 1 – 2 – 3

Would you come back?    Yes    Maybe    No

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: