

Bernina Silver Thimble Customer Survey 2018



1. What type of sewing do you do?

Check all that apply.

- Mending
- Crafts
- Garments
- Quilting
- Home Decor
- Embroidery
- Other: _____

2. How often do you enjoy sewing activities?

Mark only one oval.

- Every Day
- A few times a month
- A few times a year

3. Has your sewing activities changed in the past year?

Mark only one oval.

- Sewing Less
- Sewing about the same
- Sewing More

4. How would you describe your age?

Mark only one oval.

- Youth
- 25-40
- 40-60
- We didn't use years when i was born

5. How long have you been visiting our store?

Mark only one oval.

- Just recently started
- For a while now
- A long time
- Since the beginning

6. How did you find us?

Mark only one oval.

- Social media (Facebook, Twitter, Pinterest, etc)
- Traditional media (TV, radio, newspaper, etc)
- Web Search (Google, Bing, Yahoo, etc)
- Kismet I drove by and the store called to me to stop in
- Word of mouth
- Other: _____

7. What products / services do you use at our store?

Check all that apply.

- Fabrics
- Bernina Sewing Machines
- Classes
- Books, Patterns, Notions and Threads
- Machine Service and Repair
- Current project help
- Other: _____

8. How often do you make purchases from us?

Mark only one oval.

- Every day!
- A few times a month
- A few times a year

9. How satisfied are you with us?

Mark only one oval.

	0	1	2	3	4	
Nope	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yup

10. Please rate us in...

Mark only one oval per row.

	Below Average	Average	Above Average
Customer Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledgeable staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selection of products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price of products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value of products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selection of fabrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Price of fabrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value of fabrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of fabrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Will you continue to shop at our store?

Mark only one oval.

- Yes
- No
- Maybe

12. Would you recommend us?

Mark only one oval.

- Yes
- No
- Maybe

13. Would you recommend our service department?

Mark only one oval.

- Yes
- No
- Maybe

14. Did you know we service all makes and models of machines?

Mark only one oval.

- Yes
- No
- Maybe

15. Are there any reasons you might not visit our store?

Check all that apply.

- Receive inadequate service
- Parking problems
- The store hours are not good for me
- I am intimidated by your store
- I can't find the products I am looking for
- I live out of town
- Other: _____

16. If you have attended a class with us how was your experience?

Mark only one oval per row.

	Dissatisfied	Neutral	Satisfied
I learned what I wanted to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor seemed knowledgeable and organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information was clearly presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned about new tools and techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pace of the class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Would you recommend our classes?

Mark only one oval.

- Yes
- No
- Maybe

18. What types of classes would you like to see?

Check all that apply.

- Basic Quilting
- Advanced Quilting
- Embroidery Projects
- Embroidery Techniques
- Garment Making
- Other: _____

19. When is best for you to take a class?

Check all that apply.

- Weekday daytime
- Weekday evening
- Weekend daytime
- Weekend evening
- Other: _____

20. How and when would you like to hear from / about us?

Check all that apply.

	Early Morning (Before 8a)	Morning	Lunch	Afternoon	Evening	Late (After 9p)	N/A
US Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Any suggestions or comments?

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Contact Information and Drawing Entry

22. What is your name to be entered in our drawing?

23. If you would like to be added to our email list what is your email address? (Not required for drawing)

24. If you would like to be added to our physical mail list what is your mailing address? (Not required for drawing)
