

[CHURCH NAME]
FIRST TIME VISITOR SURVEY

We would love to hear from you on what you thought about your first time to visit [Church Name] so if you have been a recent guest at our church please take a quick moment to fill out the survey below. Thank you in advance!

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Your Visit to [Church Name]: _____

1. Age range of adults living in your home: (Please check one)

- 18-28
- 28-38
- 38-48
- 48-58
- 58+

2. Married or Single (With or Without Children):

- Married with No Children
- Single with No Children
- Married with Children
- Single with Children
- Other: _____

3. Church Experience:

- Lots of Church Experience
- Only on Holidays
- Never Been to Church
- Been Hurt in Church
- Looking for a New Church
- Other: _____

4. Please evaluate your personal experience at [Church Name]:

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied	N/A
Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage Outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signage Inside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Were you greeted at the front door?

- Yes
- No
- N/A

6. Did you feel welcomed upon entering the sanctuary?

- Yes
- No
- N/A

7. If you had children with you, were you told about our Nursery and Children's Church?

- Yes
- No
- N/A

8. Were the Nursery and Children's Church workers friendly and helpful?

- Yes
- No
- N/A

9. How did you hear about [Church Name]?

- Friend
- Relative
- Other (Word of Mouth)
- Signage
- Advertisement
- Social Media

10. Would you come back to [Church Name]?

- Yes
- No
- Still thinking about it

11. I would recommend [Church Name] to my family and friends:

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

12. Is there anything you would like our church to pray about?

12. Comments (Please share your comments here – they are greatly appreciated!): _____
