

## Example questionnaire

We are carrying out a survey to find out more about our visitors - who they are, why they visit, and what they think of us. The survey should take around five minutes to complete. Your answers will be kept confidential and will only be used for research purposes.

### 1. Have you visited [Example org] before? (Tick one only)

- Yes, in the last 12 months
  Yes, between three and five years ago  
 Yes, between one and two years ago
  Yes, but more than five years ago  
 Yes, between two and three years ago
  No, this is my first visit

#### 1a. (If yes in the last 12 months) Including today, how many times have you visited [Example org] in the last 12 months?

### 2. Which of the following best describes the performance/event seen? (Tick one only)

- Plays/Drama
  Dance
  Contemporary Visual Arts  
 Christmas Show
  Music
  Film  
 Musical Theatre
  Workshops
  Museum/exhibition  
 Children/Family
  Literature
   
 General entertainment
  Traditional Visual Arts

### 3. Are you visiting with other people? (Tick one only)

- Yes
  No

#### 3a. If yes, how many of those you are visiting with are aged... (this does not include yourself)

Under 16 \_\_\_\_\_ 16 or older \_\_\_\_\_

### 4. Which of the following describe your motivations for visiting today? (Tick all that apply)

#### 5. And which of these was your main motivation? (Circle one only)

- To spend time with friends/family
  For reflection  
 For a special occasion
  [Artform] is an important part of who I am  
 For peace and quiet
  To escape from everyday life  
 To be intellectually stimulated
  For academic reasons  
 To be entertained
  For professional reasons  
 To be inspired
  To entertain my children  
 To do something new/out of the ordinary
  To educate/ stimulate my children  
 To learn something
  Other - please specify \_\_\_\_\_  
 To enjoy the atmosphere

### 6. How would you rate the following? (Please give one rating for each item)

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know/Not applicable
Quality of the [performance/event/exhibition]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money of [paid element]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The whole experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. On a scale of 0-10, how likely is it that you would recommend [Example org] to a friend, family member or colleague, with 10 being extremely likely and 0 being not at all likely? (Tick one only)

- 10    9    8    7    6    5    4    3    2    1    0

## About You

The last few questions are a little more personal, but are really useful to us - by answering these questions, you will help us make sure we're serving everyone in our community. If there are any you'd rather not answer, please choose "Prefer not to say" or skip to the next question.

8. Are you... (Tick one only)

- Male                                       Female                                       Prefer not to say

9. Which of the following age groups do you belong to? (Tick one only)

- Under 16                       30 - 34                       50 - 54                       70 - 74                       Prefer not to say  
 16 - 19                       35 - 39                       55 - 59                       75 - 79  
 20 - 24                       40 - 44                       60 - 64                       80 - 84  
 25 - 29                       45 - 49                       65 - 69                       85 or older

10. What is your ethnic group? (Tick one only)

### White

- British  
 Irish  
 Gypsy or Irish Traveller  
 Other White background\*

### Mixed

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Other Mixed/multiple ethnic background\*

### Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other Asian background\*

### Black or Black British

- African  
 Caribbean  
 Other Black/African/ Caribbean background\*

### Other

- Arab  
 Other\*  
 Prefer not to say

\*What other?

11. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (Tick one only)

- Yes, limited a lot                       Yes, limited a little                       No                       Prefer not to say

12. Do you live in the UK? (Tick one only)

- Yes                       No

12a. If you live in the UK, what is your full postcode?

12b. If you live overseas, what is your country of residence?

Thank you for your help.