

[Organisation name] questionnaire

This is an example survey to be used for reference only.

We're carrying out this survey to help us learn more about our audiences/visitors and how we can give them the best possible experience. The survey should take around five minutes to complete. Anything you tell us will be kept confidential, is anonymous and will only be used for research purposes. The information you provide will be held by [Organisation name] and The Audience Agency, who are running the survey on our behalf.

1. Have you visited [Organisation name] before? (Tick one only)

- | | |
|---|--|
| <input type="checkbox"/> Yes, in the last 12 months | <input type="checkbox"/> Yes, between three and five years ago |
| <input type="checkbox"/> Yes, between one and two years ago | <input type="checkbox"/> Yes, but more than five years ago |
| <input type="checkbox"/> Yes, between two and three years ago | <input type="checkbox"/> No, this is my first visit |

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

2. Are you visiting with other people today? (Tick one only)

- Yes No

2a. If yes, how many of those you are visiting with are aged... (this does not include yourself)

Under 16 _____ 16 or older _____

3. Which of the following best describes the performance/event you saw? (Tick one only)

- | | | |
|--|--|---|
| <input type="checkbox"/> Plays/Drama | <input type="checkbox"/> Dance | <input type="checkbox"/> Contemporary Visual Arts |
| <input type="checkbox"/> Christmas Show | <input type="checkbox"/> Music | <input type="checkbox"/> Film |
| <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Workshops | <input type="checkbox"/> Museum/exhibition |
| <input type="checkbox"/> Children/Family | <input type="checkbox"/> Literature | <input type="checkbox"/> Outdoor arts |
| <input type="checkbox"/> General entertainment | <input type="checkbox"/> Traditional Visual Arts | |

Delete above codes as appropriate. If single artform organisation, question will be dropped, and responses tagged with your single artform

4. Which of the following describe your motivations for visiting [Organisation name] today? (Tick all that apply)

4a. And which of these was your main motivation? (Circle one only)

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

5. How would you rate your experience? (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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money of tickets	<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"/>

6. On a scale of 0-10, how likely is it that you would recommend the performance/event 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

7. Is there anything else you would like to say about your visit? (Please describe below)

About You This final section is about you. It's a little more personal but is really useful to us. The questions have been designed to align with the way the UK Government collects Census data. This enables us to compare our visitor profile to the general population. By answering these questions, you will help us to see the extent to which we're serving everyone in our community. If there are any questions that you'd rather not answer, please select "Prefer not to say" or skip to the next question.

8. What is your sex? (Tick one only)

- Male Female Prefer not to say

9. Which of the following options best describes how you think of your gender identity? (Tick one only)

- Male Female In another way*
 Prefer not to say

*How would you describe your gender?

If you would like to add a follow-on question regarding respondent gender identity, this can be included in your survey, free of charge. You can choose to just ask the sex question, ask both the sex and gender identity question or the just the gender question by itself.

10. 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

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

- | | | |
|--|--|--------------------------------------|
| White | Mixed | Asian or Asian British |
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other White background* | <input type="checkbox"/> | <input type="checkbox"/> Chinese |

Other Mixed/multiple ethnic background*

Other Asian background*

Black or Black British

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

Other

- Arab
- Other*
- Prefer not to say

*What other?

12. 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

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

- Yes
- No

13a. If you live in the UK, what is your full postcode?
This information will only be used for research

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

Thank you for your help.