

Audience Finder 2020/21 survey

Premium Questions List

With each Audience Finder survey, we are able to provide five free premium questions per benchmark year. Any additional questions are priced at £100 plus VAT, per question.

Some questions have been grouped, and count as one.

If a '/' has been used this means that this grouping would count as one question.

If an '&' has been used this means that this grouping would count as two questions.

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About Visit (AV)

Arrival and departure

Code: AV1

At approximately what time did you arrive at [org/event], and what [time do you anticipate that you will leave/is the current time]? (HH:MM)

Arrival : Departure :

Average visit frequency

Code: AV2/AV2a

Have you visited [org/event] before? (Tick one only)

Yes No

If yes: On average, how often do you come to [org/event]? (Tick one only)

Less than once a year 2 - 3 times a year 6+ times a year
 Once a year 4 - 5 times a year

Answer codes fixed

Annual event visit frequency

Code: AV12

Including this year's festival, how many times have you attended [org/event] before? (Tick one only)

Once Between four and five times
 Twice More than five times
 Three times

Answer codes fixed. AV12 has to be asked in addition to compulsory CQ3, CQ4

Actions

Actions during visit

Code: AV3/AV3a

Which of the following have you done on your visit to [org/event] today? (Tick all that apply)

Saw a performance/event Looked at the building/site itself
 Saw an exhibition/display Used the [shopping facilities]
 [Attended/participated in] a [talk/workshop/class] Had a general visit
 Used the [food/drink facilities] For something else - *what else?*

Participation

Participation

Code: AV7

Have you, or do you intend to participate in the event(s) today? (Tick all that apply)

Yes, as a member of an audience Yes, online
 Yes, in a workshop Yes, other - *please specify*
 Yes, as part of a performance _____
 Yes, as an event volunteer No

Answer codes fixed

Cultural Activity (EI/CA)

Tourism

Reason for local area visit

Code: EI1

Did you plan your trip to [insert your Geographical Area of Interest here], particularly to visit [org/event]? (Tick one only)

- Yes No Not applicable, I live in the area

Answer codes fixed

Overnight stay

Codes: EI2 & EI4

Is your visit part of a stay away from home? (Tick one only)

- Yes No

Overnight stay – type of accommodation & number of nights

If yes, which of the following types of accommodation are you staying in and for how many nights? Please tick and state the number of nights spent

- With friends or family for night(s)
 In paid accommodation (e.g. hotel) for night(s)
 Other - where? for night(s)

Other local activity

Other local activity

Code: CA1

Which of these have you done or do you intend to do in [insert your Geographical Area of Interest here] on this visit to [org/event]? (Tick all that apply)

- Visit a restaurant/café Visit a historic site
 Visit a pub/bar Other arts/cultural activity - which? _____
 Shopping Other - what else? _____
 Work/study
 Attend a sporting event None of the above, I'm only visiting the organisation/event

Answer codes fixed

Cluster Crossover

Cluster crossover

Code: CA2/CA3

Which of the following have you visited within the last **three years**? *(Tick all that apply)*

And of these, which have you visited in the last **12 months**? *(Circle all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs | <input type="checkbox"/> None of these |

If the total number of agreed cluster orgs listed does not exceed 18, each individual can add up to 3 organisations of interest

Cultural attendance and participation

Cultural attendance

Code: CA11/CA12

Which of the following types of arts/heritage events have you attended within the last **three years**? *(Tick all that apply)*

And of these, which have you attended in the last **12 months**? *(Circle all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Art gallery or art exhibition | <input type="checkbox"/> Pop/rock concert | <input type="checkbox"/> Cinema screening |
| <input type="checkbox"/> Museum exhibition | <input type="checkbox"/> Jazz performance | <input type="checkbox"/> Visited a historic/heritage site |
| <input type="checkbox"/> Theatre performance | <input type="checkbox"/> Outdoor arts event/festival | <input type="checkbox"/> Visited a library |
| <input type="checkbox"/> Classical music concert | <input type="checkbox"/> Ballet | |
| <input type="checkbox"/> Opera | <input type="checkbox"/> Contemporary dance performance | <input type="checkbox"/> None of these |

Answer codes fixed

General cultural participation

Code: CA6/CA7

Which of the following activities have you done within the last **three years**? *(Tick all that apply)*

And of these, which have you done in the last **12 months**? *(Circle all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Dance (not for fitness) | <input type="checkbox"/> Learned or practised circus skills |
| <input type="checkbox"/> Played a musical instrument or sang for a performance/rehearsal | <input type="checkbox"/> Painting, drawing, printmaking or sculpture |
| <input type="checkbox"/> Written music | <input type="checkbox"/> Made films or videos as an artistic activity |
| <input type="checkbox"/> Rehearsed or performed in a play / drama | <input type="checkbox"/> Used a computer to create original artworks or animation |
| <input type="checkbox"/> Rehearsed or performed in an opera / operetta or musical theatre | <input type="checkbox"/> Crafts (including textile, wood, & pottery) |
| <input type="checkbox"/> Taken part in a carnival | <input type="checkbox"/> Read for pleasure (not newspapers, magazines or comics) |
| <input type="checkbox"/> Taken part in street arts | <input type="checkbox"/> Written any stories/plays/poetry |
| <input type="checkbox"/> Photography as an artistic activity | <input type="checkbox"/> None of these |

Answer code order and labels fixed

Professional involvement in arts & culture

Professional involvement in arts & culture

Code: CA8

Are you **professionally** involved with arts and culture as any of the following? *(Tick all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other professional role |
| <input type="checkbox"/> Student | <input type="checkbox"/> I'm not professionally involved with arts and culture |
| <input type="checkbox"/> Artist (e.g. painter, musician, director, actor, writer) | |

Answer codes fixed

Cultural visits elsewhere

Cultural visits elsewhere

Code: CA9/CA10

On average, how often have you attended [art form] in [insert your Geographical Area of Interest here]? *(Tick one only)*

How often do you work/study in [insert your Geographical Area of Interest here]? *(Tick one only)*

- | | |
|--|---|
| <input type="checkbox"/> Most days | <input type="checkbox"/> At least once a year |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> Less often / never |
| <input type="checkbox"/> At least once a month | |

Answer codes fixed

Non attendance

Organisations not visited

Code: CA13/CA14

Which of the following [organisations/events] have you **never** been to? (Tick all that apply)

And of these, which are you **least likely** to attend? (Circle one only)

- | | |
|---|---|
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |
| <input type="checkbox"/> List of other orgs | <input type="checkbox"/> List of other orgs |

Reasons for non-attendance

Codes: CA15/CA16 & CA17

We'd love to understand why you're unlikely to attend that particular organisation/event. Please tick all the statements which apply:

And which of these is your main reason? (Circle one only)

- | | |
|---|---|
| <input type="checkbox"/> I haven't had the time | <input type="checkbox"/> I don't have anyone to go with |
| <input type="checkbox"/> Childcare difficulties | <input type="checkbox"/> I'm not into that type of art/cultural offer |
| <input type="checkbox"/> It's too expensive | <input type="checkbox"/> I have never got round to visiting |
| <input type="checkbox"/> It's difficult to access by public transport | <input type="checkbox"/> I've never heard of it |
| <input type="checkbox"/> Car parking is a problem | <input type="checkbox"/> I feel intimidated by the venue |
| <input type="checkbox"/> There's not been anything on that I've wanted to see | <input type="checkbox"/> I don't think I would fit in |
| <input type="checkbox"/> It's for older people | |
| <input type="checkbox"/> It's for younger people | |

Reasons for non-attendance - other

Are there any other reasons why you're unlikely to attend [org/event]?

Culture as a visit driver

Culture as a visit driver

Code: CA18

Thinking about your decision to visit [insert your Geographical Area of Interest here], how important was attending cultural events/venues in that decision? (Tick one only)

- Very important Important Somewhat important Not very important Not at all important

Answer codes fixed

COVID-19 (COV)

Type of event attended

Indoor or outdoor event	Code: COV1
Was the [event/performance/activity] you attended today held indoors or outdoors? <i>(Tick one only)</i>	
<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Both	
<i>Answer codes fixed</i>	

Attendance to organisation post lockdown

Please note, COVID-19 themes 2-4 are framed around your venue re-opening, following the UK wide lockdown on 16th March 2020. If you subsequently close your venue or event due a additional UK or local lockdowns in the proceeding months, the question will still refer back to attendance following the 16th March 2020 UK wide lockdown.

Visit post lockdown	Code: COV2
Is this your first visit to [org/event] since we re-opened following the UK wide lockdown in March 2020? <i>(Tick one only)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual events/festivals can ask just COV3 onwards.	

First arts/cultural visit post lockdown	Code: COV3
<i>(asked if COV2=yes or organisation is an annual event/festival)</i>	
Is this visit to [org/event] the first arts or cultural event/activity you have attended in person since restrictions were first lifted, following the UK wide lockdown in March 2020? <i>(Tick one only)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attendance to arts & culture post lockdown

Must ask COV2 & COV3

Attendance to arts & culture post lockdown		Code: COV4		
(asked if COV3=no)				
Which types of arts and cultural events/activities have you attended in person, since restrictions were first lifted, following the UK wide lockdown in March 2020? Please indicate whether they were held indoors or outdoors				
		Indoor	Outdoor	Both
Art gallery or art exhibition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum exhibition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classical music concert		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opera performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop/rock concert		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jazz performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor arts event/festival		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contemporary dance performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema screening		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a historic/heritage site		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a library		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer codes fixed</i>				

Reasons for attendance post lockdown

(must ask COV2 & COV3)

Reason for org visit post lockdown

Code: COV5a/COV5b/ COV5c

(asked if COV2=yes & COV3=no)

Which of the following describe your reasons for visiting [org/event] again after lockdown? *(Tick all that apply)*

And which of these was the **main reason?** *(Circle one only)*

- | | |
|---|---|
| <input type="checkbox"/> To attend a [production, performance, exhibition, event] that I really want to see | <input type="checkbox"/> Because its local to me |
| <input type="checkbox"/> I've missed seeing [artform e.g. visual arts, theatre] in person | <input type="checkbox"/> It's easy to access |
| <input type="checkbox"/> To explore an interest that I've picked up since lockdown | <input type="checkbox"/> I felt reassured about the safety and hygiene measures that have been put in place |
| <input type="checkbox"/> I was a frequent visitor before lockdown and wanted to get back in the habit | <input type="checkbox"/> It's a venue I feel comfortable visiting |
| <input type="checkbox"/> To support the organisation | <input type="checkbox"/> It's easy to maintain social distancing at the [venue/event] |
| <input type="checkbox"/> I wanted to make the most of my membership | <input type="checkbox"/> Something else |

Answer codes fixed

[Something else] Please write below

Reason for first cultural engagement post lockdown

Code: COV6a/COV6b/COV6c

(asked if COV3=yes)

Why did you choose [org/event] to be your **first visit to an arts/cultural venue or event**, post lockdown? *(Tick all that apply)*

And which of these was the **main reason?** *(Circle one only)*

- | | |
|---|---|
| <input type="checkbox"/> To attend a [production, performance, exhibition, event] that I really want to see | <input type="checkbox"/> Because its local to me |
| <input type="checkbox"/> I've missed seeing [artform e.g. visual arts, theatre] in person | <input type="checkbox"/> It's easy to access |
| <input type="checkbox"/> To explore an interest that I've picked up since lockdown | <input type="checkbox"/> I felt reassured about the safety and hygiene measures that have been put in place |
| <input type="checkbox"/> I was a frequent visitor before lockdown and wanted to get back in the habit | <input type="checkbox"/> It's a venue I feel comfortable visiting |
| <input type="checkbox"/> To support the organisation | <input type="checkbox"/> It's easy to maintain social distancing at the [venue/event] |
| <input type="checkbox"/> I wanted to make the most of my membership | <input type="checkbox"/> Something else |

Answer codes fixed

[Something else] Please write below

Digital engagement following lockdown restrictions

The following theme is designed to align with the Digital Audience Survey. This survey is free to take part in, as part of The Audience Agency's COVID-19 support package. More information about the Digital Audience Survey can be found [here](#).

Engagement with digital content

Code: COV7

On average, how often do you watch/read our digital content, via our website or social media channels? *(Tick one only)*

- | | |
|--|---|
| <input type="checkbox"/> Most days | <input type="checkbox"/> At least every two to three months |
| <input type="checkbox"/> At least once a week | <input type="checkbox"/> At least once a year |
| <input type="checkbox"/> At least once a month | <input type="checkbox"/> I have never visited the organisation's website or social media channels to watch/read digital content |

Answer codes fixed

Change in digital engagement

Code: COV8

(Question asked of those whose visit frequency is at least 2-3 months or more)

Has the frequency of your visits to our website or social media channels increased since UK wide lockdown in March 2020?

(Tick one only)

- It has increased significantly
- It has increased somewhat
- It is about the same
- It has decreased somewhat
- It has decreased significantly
- Don't know

Answer codes fixed

Ratings on COVID-19 safety measures

Ratings on COVID-19 safety measures		Code: COV9-COV12				
How would you rate [org/event] on the following? <i>(Please give one rating for each item)</i>						
	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know/Not applicable
Hygiene and cleanliness of the venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of hand sanitiser or wipes throughout the venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation of social distancing measures (e.g. signage, floor markings, staff ensuring safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measures to help manage queues and crowding (e.g. scheduled arrival times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall ratings on COVID-19 safety measures & impact on return visits

COVID-19 safety measures: Overall feelings of safety		Code: COV13
Overall, do you feel that the measures we have put in place in response to COVID-19 were adequate enough to ensure you felt safe during your visit? <i>(Tick one only)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COVID-19 safety measures : Suggested improvements		Code: COV13a
If No:		
What changes could we make to ensure that you would feel safe, if you were to visit again in the future? <i>(Please describe below)</i>		

COVID-19 safety measures: Impact on return visits		Code: COV14
Do you feel that the current COVID-19 safety measures at [org/event] would negatively impact a decision to visit us again in the future? <i>(Tick one only)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COVID-19 safety measures: Further comments		Code: COV15
Do you have any further comments about our response to COVID-19 and your visitor experience? <i>(Please describe below)</i>		

Shielding of respondent or members of household

Shielding

Code: COV16

Have you or anyone in your household been advised **at any point** by your GP to stay at home and shield because of clinical vulnerability to COVID-19? *(Tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Yes, I have a clinical vulnerability to COVID-19 | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, a member(s) of my household has a clinical vulnerability to COVID-19 | <input type="checkbox"/> Don't know |
| | <input type="checkbox"/> Prefer not to say |

Answer codes fixed

Impact of COVID-19 on income, expenditure and free time

Impact of COVID-19 on free time

Code: COV17

What best describes the impact of COVID-19 on your amount of free time? *(Tick one only)*

- I have more free time
- I have less free time
- It has been about the same

Answer codes fixed

Impact of COVID-19 on household income

Code: COV18

As a result of COVID-19, has your household income: *(Tick one only)*

- | | |
|--|--|
| <input type="checkbox"/> Gone up | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gone down | |
| <input type="checkbox"/> Stayed about the same | <input type="checkbox"/> Prefer not to say |

Answer codes fixed

Impact of COVID-19 on household expenditure

Code: COV19

As a result of COVID-19, has your household expenditure: *(Tick one only)*

- | | |
|--|--|
| <input type="checkbox"/> Gone up | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gone down | |
| <input type="checkbox"/> Stayed about the same | <input type="checkbox"/> Prefer not to say |

Answer codes fixed

Impact of COVID-19 on household income & expenditure

Code: COV20

(If matching income/expenditure answers i.e. both gone up or both gone down)
Overall, would you say that your household is financially better or worse off, as a result of COVID-19? *(Tick one only)*

- | | |
|---|--|
| <input type="checkbox"/> Financially better off | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Financially worse off | <input type="checkbox"/> Prefer not to say |

Community (CY)

Community impacts	Code: CY1-4				
To what extent would you agree or disagree with the following statements? <i>(Please give one rating for each item)</i>					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
[Org/event] is welcoming for the whole community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Org/event] encourages participation in community life and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Org/event] enhances the sense of community in [insert your Geographical Area of Interest here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Org/event] is good for [insert your Geographical Area of Interest here]'s image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Choose appropriate rows</i>					

Learning Outcomes (ED)

Generic Learning Outcomes		Code: ED1				
How would you rate [org/event] for the following? <i>(Please give one rating for each item)</i>						
	Very good	Good	Neither good nor poor	Poor	Very poor	
As a place where you can learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For building your knowledge, understanding, skills and expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For inspiring you to use what you've done or seen here in other aspects of your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For building pride in this local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For encouraging you to participate in community matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As a place for the whole community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As somewhere that all sorts of people can mix and understand each others' cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collections that are relevant to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Giving you good access to collections either on display or through computer or other technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Having knowledgeable and responsive staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making you feel welcome and comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Giving you a good quality experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Being responsive to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Must ask all rows</i>						

Family (FA)

Children Code: FA1/FA2

Are there any children (under 16s) in your household? *(Tick one only)*

Yes No

Children's ages

If yes, how many are aged...

Under 5 5 - 11 12 - 15

Answer codes fixed

Family ratings Code: FA3-8/FA9

How would you rate the following for families at [org/event]? *(Please give one rating for each item)*

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know/Not applicable
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing of events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications about events and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Choose appropriate rows

Family ratings - improvements

(If ticked 'Poor' or 'Very poor') What could we do to improve anything you rated poorly? (Please describe below)

Fundraising (FG)

Charity/social enterprise status

Code: FG1

Do you think [org/event] is a [registered charity/not-for-profit organisation]? *(Tick one only)*

- Yes Don't know No

Current organisation support

Code: FG2

Do you currently support [org/event] in any of the following ways? *(Tick all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> By making a one off donation | <input type="checkbox"/> By joining the membership scheme |
| <input type="checkbox"/> By making a regular donation | <input type="checkbox"/> By attending a fundraising event |
| <input type="checkbox"/> By leaving a legacy | <input type="checkbox"/> Other - <i>please specify</i> _____ |
| <input type="checkbox"/> By volunteering | <input type="checkbox"/> None of the above |

Can remove non applicable codes

Potential organisation support

Code: FG3

Would you consider supporting [org/event] in any of the following ways? *(Tick all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> By making a one off donation | <input type="checkbox"/> By joining the membership scheme |
| <input type="checkbox"/> By making a regular donation | <input type="checkbox"/> By attending a fundraising event |
| <input type="checkbox"/> By leaving a legacy | <input type="checkbox"/> Other - <i>please specify</i> _____ |
| <input type="checkbox"/> By volunteering | <input type="checkbox"/> None of the above |

Answer codes fixed

General Communication (GC)

Awareness of comms

Codes: GC1/GC2

Which of the following had you seen or heard **before** your visit today? *Please tick all which you had seen or heard about [org/event] prior to your visit*

And which of these gave you the strongest **encouragement to visit?** *(Circle one only)*

- | | |
|---|--|
| <input type="checkbox"/> Our leaflet/brochure/other print picked up | <input type="checkbox"/> Mobile app _____ |
| <input type="checkbox"/> Our leaflet/brochure/other print posted | <input type="checkbox"/> Newspaper/magazine _____ |
| <input type="checkbox"/> Our poster/outdoor advertising | <input type="checkbox"/> Radio/television feature/review _____ |
| <input type="checkbox"/> Our website/blog | <input type="checkbox"/> Email from another organisation |
| <input type="checkbox"/> Our email | <input type="checkbox"/> From another person or organisation on Twitter |
| <input type="checkbox"/> Our Facebook | <input type="checkbox"/> From another person or organisation on Facebook |
| <input type="checkbox"/> Our Twitter | <input type="checkbox"/> Other social media |
| <input type="checkbox"/> Our other social media channels | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Our other communications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other website/blog _____ | <input type="checkbox"/> None of these- I did not see or hear any information about the organisation before my visit |

Digital communications & social media

Digital Communications

Code: GC3

In which of the following ways have you **ever** used [org/event]'s website? *(Tick all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> To find out what's on before visiting | <input type="checkbox"/> To find out about membership |
| <input type="checkbox"/> To find out how to get here | <input type="checkbox"/> To use the online shop |
| <input type="checkbox"/> To check opening hours | <input type="checkbox"/> To see or hear artistic content |
| <input type="checkbox"/> To check prices | <input type="checkbox"/> To interact with the organisation/artist |
| <input type="checkbox"/> To book tickets | <input type="checkbox"/> To share my opinions/ideas |
| <input type="checkbox"/> To find out more about an exhibition/event | <input type="checkbox"/> Other - <i>please specify</i>
_____ |
| <input type="checkbox"/> To find out more about the organisation | <input type="checkbox"/> I have never used the organisation's website |

Answer codes fixed

Social Media use

Code: GC4

Do you use social media? (e.g. Facebook, Twitter)? *(Tick one only)*

- Yes No

Social Media channels– general

Code: GC6

Which of the following social media channels do you use? *(Tick all that apply)*

- | | | |
|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Other |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Tumblr | |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Pinterest | |

Social Media use in relation to arts & culture

Code: GC5

How do you use social media in relation to arts and culture? *(Tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> To find information out about events/exhibition | <input type="checkbox"/> To interact with the organisation/an artist |
| <input type="checkbox"/> To share information about events/exhibitions | <input type="checkbox"/> To contact the organisation to ask a question |
| <input type="checkbox"/> To see, hear or share examples of artistic content | <input type="checkbox"/> To find out news about the organisation |
| <input type="checkbox"/> To decide whether to visit | <input type="checkbox"/> To get offers/discounts |
| <input type="checkbox"/> To arrange who to attend/participate with | <input type="checkbox"/> Other |
| <input type="checkbox"/> To find out /share opinions about an event/exhibition | |
| <input type="checkbox"/> To promote an event/exhibition | <input type="checkbox"/> I do not use social media in relation to arts and culture |

*Answer codes fixed***Social Media channels – org specific**

Code: GC7

Which of the following social media channels do you use to follow [org/event]? *(Tick all that apply)*

- | | | |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Other |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Tumblr | <input type="checkbox"/> I do not use social media to follow the organisation |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Pinterest | |

Social Media use – org specific

Code: GC8

How do you use social media in relation to [org/event]? *(Tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> To find information out about events/exhibition | <input type="checkbox"/> To promote an event/exhibition |
| <input type="checkbox"/> To share information about events/exhibitions | <input type="checkbox"/> To interact with the organisation/an artist |
| <input type="checkbox"/> To see, hear or share examples of artistic content | <input type="checkbox"/> To contact the organisation to ask a question |
| <input type="checkbox"/> To decide whether to visit | <input type="checkbox"/> To find out news about the organisation |
| <input type="checkbox"/> To arrange who to attend/participate with | <input type="checkbox"/> To get offers/discounts |
| <input type="checkbox"/> To find out /share opinions about an event/exhibition | <input type="checkbox"/> Other |

Answer codes fixed

Group composition (GP)

Type of group

Type of group

Code: GP5

If yes, are you visiting as part of an organised group? *(Tick one only)*

Yes

No

Answer codes fixed

Booking

Booking

Code: GP6

If yes, who booked your ticket? *(Tick one only)*

I booked my ticket

Tickets were booked on my behalf

Tickets were not booked in advance of this visit

Answer codes fixed

Intentions (IN)

Drivers of choice

Drivers of choice	Code: IN5-8				
How important were the following factors in your decision to visit [org/event] today? <i>(Please give one rating for each item)</i>					
	Very important	Important	Somewhat important	Not very important	Not at all important
The reputation of [org/event]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The venue location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The theme or subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The artist/performer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer codes fixed</i>					
<i>Choose appropriate rows</i>					

Future intentions

Future intentions	Code: IN9				
Has this visit made you more or less likely to attend [artform] in the future?					
<input type="checkbox"/> Much more likely	<input type="checkbox"/> More likely	<input type="checkbox"/> Made no difference	<input type="checkbox"/> Less likely	<input type="checkbox"/> Much less likely	

Membership (MB)

Member

Codes: MB1 & MB2

Are you a [membership type] of [org/event]? *(Tick one only)*

- Yes, I'm currently a [membership type] No, I've never been a [membership type]
 No, but I used to be a [membership type]

Answer codes fixed

Why joined membership

Which of the following are/were your main reasons for being a member? *(Tick up to three)*

- | | |
|--|--|
| <input type="checkbox"/> Someone bought it for me | <input type="checkbox"/> Member emails/newsletters |
| <input type="checkbox"/> Ticket discounts | <input type="checkbox"/> Discounts at partner organisations |
| <input type="checkbox"/> Discounted/no booking fees | <input type="checkbox"/> To support the organisation |
| <input type="checkbox"/> Priority booking | <input type="checkbox"/> To be affiliated with/part of the organisation |
| <input type="checkbox"/> Access to special events | <input type="checkbox"/> It encourages me experience things that are new/out of the ordinary |
| <input type="checkbox"/> [org/event] magazine/publications | <input type="checkbox"/> To learn more about the arts |
| <input type="checkbox"/> Food and drink discounts at [org/event] | <input type="checkbox"/> Other benefits - <i>please specify</i> |

Can remove non-applicable answer codes.

Opinions (OP)

Ratings

Ratings		Code: OP1-10/OP11				
How would you rate the following? <i>(Please give one rating for each item)</i>						
	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know/Not applicable
How welcoming the staff were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticket booking experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding your way around the [site] (i.e. directions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of physical access in and around the [site]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the [performance/event/exhibition]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about the [artform/artists/performers]	<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"/>
[Food &/or drink] facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Shopping] facilities	<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"/>
<i>Answer codes fixed</i>						
<i>Ask rows as appropriate</i>						
Ratings - improvements						
<i>(If ticked 'Poor' or 'Very poor') What could we do to improve any elements you rated poorly? (Please describe below)</i>						

Recommendation & experience

Describe experience		Code: OP13
Which three words would you use to describe your experience of today's visit?		
1	2	3

Place and Profile (PL/PR)

Location	Code: PL1
Which of the following describes you? <i>(Tick all that apply)</i>	
<input type="checkbox"/> I live near the [site/building]	<input type="checkbox"/> I study near the [site/building]
<input type="checkbox"/> I work near the [site/building]	<input type="checkbox"/> None of the above
<i>Answer codes fixed</i>	

Education

Education	Code: PR1
Which of the following best describes your highest educational qualification? <i>(Tick one only)</i>	
<input type="checkbox"/> Degree & professional/vocational equivalents	<input type="checkbox"/> GCSE/O Level grade A*-C (5 or more), vocational level 2 & equivalents
<input type="checkbox"/> Other Higher Education below degree level	<input type="checkbox"/> GCSE/O Level grade (less than 5 A*-C), other qualifications at level 1 and below
<input type="checkbox"/> A levels, vocational level 3 & equivalents	<input type="checkbox"/> Other qualifications: level unknown
<input type="checkbox"/> Trade Apprenticeships	<input type="checkbox"/> No qualifications
<i>Answer codes fixed</i>	

Occupation

Occupation	Code: PR2
Which of the following best describes your current occupational status? <i>(Tick one only)</i>	
<input type="checkbox"/> Employed: Full-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Employed: Part-time	<input type="checkbox"/> Looking after home or family
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Long term sick or disabled
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other
<input type="checkbox"/> Full time student	
<i>Answer codes fixed</i>	

Level of knowledge

Level of knowledge - art form/topic	Code: PR3	
How would you describe your knowledge of [artform]? <i>(Tick one only)</i>		
<input type="checkbox"/> Specialist	<input type="checkbox"/> General	<input type="checkbox"/> Little or no knowledge
<i>Answer codes fixed</i>		

Level of knowledge - art form/topic	Code: PR4	
How would you describe your knowledge of [museum/collection type e.g. natural history]? <i>(Tick one only)</i>		
<input type="checkbox"/> Specialist	<input type="checkbox"/> General	<input type="checkbox"/> Little or no knowledge
<i>Answer codes fixed</i>		

Gaelic Profile (Scottish)

Gaelic Profile

Code: PR6

Do you speak Gaelic? (*Tick one only*)

Yes, fluently

Yes, not fluently

No

Answer codes fixed

Quality of exhibition experience (EE)

Quality of exhibition experience		Code: EE1				
Thinking about the exhibition where you spent most of your time, to what extent would you agree or disagree with the following statements? <i>(Please give one rating for each item)</i>						
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/Not applicable
It made me want to see more things like this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was a lot to talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learnt/discovered something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It deepened my understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was memorable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was emotional/moving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt inspired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could relate to it easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer codes fixed</i>						
<i>Rows fixed</i>						

Sales (SA)

Ancillary services

Code: SA1

Have you visited any of the following during your visit today? *(Tick all that apply)*

Shop Café/bar

Amend answer codes to reflect org offer

Broaden out question name to anything paid for

You may be able to use actions (AV3) to answer this question

Itemised in-venue spend

Code: SA2

How much have you spent or intend to spend on the following during your visit to [org/event] today? *Please indicate spend to the nearest pound*

[performance/exhibition] ticket £

Shop £

Class/workshop £

Programme/Guide £

Café/bar £

Other £

Total spend during visit: £

Can add new answer codes or remove those that are not applicable

Bought work

Code: SA4

Have you ever any bought any contemporary art including prints? *(Tick one only)*

Yes No, but I'd consider it No, and I'm unlikely to any time soon

Answer codes fixed

Transport (TR/JB)

Mode & miles

Mode	Code: TR1	
How did you travel here today? <i>(Tick all that apply)</i>		
<input type="checkbox"/> Car - <i>how many people were in the car (including you)</i> _____		
<input type="checkbox"/> Bus	<input type="checkbox"/> Taxi	<input type="checkbox"/> Tram/Tube/Metro
<input type="checkbox"/> On foot	<input type="checkbox"/> Train	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Coach	<input type="checkbox"/> Other - <i>please specify</i> _____
<i>Answer codes fixed</i>		

Mode (London based orgs only)	Code: TR2	
How did you travel here today? <i>(Tick all that apply)</i>		
<input type="checkbox"/> Car - <i>how many people were in the car (including you)</i> _____		
<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> London Overground
<input type="checkbox"/> On foot	<input type="checkbox"/> Coach	<input type="checkbox"/> London Underground/DLR
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Tram/Tube/Metro	<input type="checkbox"/> Other - <i>please specify</i> _____
<input type="checkbox"/> Taxi	<input type="checkbox"/> Motorcycle	
<i>Answer codes fixed</i>		

Miles	Code: TR3
Did you travel to [org/event] from home today? <i>(Tick one only)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No - <i>approximately how many miles did you travel to get here today?</i> _____

Julie's Bicycle Model Transport Questions

If asking the below questions TR3 and either JB1 or JB2 must be asked together.

Home Travel/Miles	Code: TR3
Did you travel to [org/event] from home today? <i>(Tick one only)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Approximately how many miles did you travel to get here today?</i> _____	

Mode**Code: JB1**How did you travel here today? *(Tick all that apply)*

- Car - *how many people were in the car (including you)* _____
- | | | |
|--|---|---|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Taxi | <input type="checkbox"/> Tram/Tube/Metro |
| <input type="checkbox"/> On foot | <input type="checkbox"/> Train | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Coach | <input type="checkbox"/> Ferry |
| <input type="checkbox"/> Short-Haul Flight | <input type="checkbox"/> Long-Haul Flight | <input type="checkbox"/> Other - <i>please specify</i>
_____ |

*(Ask if respondent ticked more than one mode)*Approximately what % of the distance of your journey did each mode of transport account for? *(Please estimate a percentage)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Car ____% | <input type="checkbox"/> Bus ____% | <input type="checkbox"/> Taxi ____% |
| <input type="checkbox"/> Tram/Tube/Metro ____% | <input type="checkbox"/> On foot ____% | <input type="checkbox"/> Train ____% |
| <input type="checkbox"/> Motorcycle ____% | <input type="checkbox"/> Bicycle ____% | <input type="checkbox"/> Coach ____% |
| <input type="checkbox"/> Ferry ____% | <input type="checkbox"/> Short-Haul Flight ____% | <input type="checkbox"/> Long-Haul Flight ____% |
| <input type="checkbox"/> Other ____% | | |

Answer codes fixed

Mode (London modes)**Code: JB2**How did you travel here today? *(Tick all that apply)*

- Car - *how many people were in the car (including you)* _____
- | | | |
|--|---|---|
| <input type="checkbox"/> Bus | <input type="checkbox"/> Taxi | <input type="checkbox"/> Tube/Tram/Overground |
| <input type="checkbox"/> On foot | <input type="checkbox"/> Train | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Coach | <input type="checkbox"/> Ferry |
| <input type="checkbox"/> Short-Haul Flight | <input type="checkbox"/> Long-Haul Flight | <input type="checkbox"/> Other - <i>please specify</i>
_____ |

*(Ask if respondent ticked more than one mode)*Approximately what % of the distance of your journey did each mode of transport account for? *(Please estimate a percentage)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Car ____% | <input type="checkbox"/> Bus ____% | <input type="checkbox"/> Taxi ____% |
| <input type="checkbox"/> Tube/Tram/Overground ____% | <input type="checkbox"/> On foot ____% | <input type="checkbox"/> Train ____% |
| <input type="checkbox"/> Motorcycle ____% | <input type="checkbox"/> Bicycle ____% | <input type="checkbox"/> Coach ____% |
| <input type="checkbox"/> Ferry ____% | <input type="checkbox"/> Short-Haul Flight ____% | <input type="checkbox"/> Long-Haul Flight ____% |
| <input type="checkbox"/> Other ____% | | |

Answer codes fixed

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