## [Organisation name] 2019-20 questionnaire

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)             |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
|---|---|--------------------------------------|---------------------------------------|--|-----------------|-------------------|----------|----------|--|--|--|--|--|
| 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) In 12 months?                            | many times have you visited [Organisation name] in the last |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
|   |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
|   | le today? (Tisk an an                                       | n h c)                               |                                       |  |                 |                   |          |          |  |  |  |  |  |
| 2. Are you visiting with other peop   |   | nıy)                                 |                                       |  |                 |                   |          |          |  |  |  |  |  |
| Yes   | No No   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
|   | aged  | ged (this does not include yourself) |                                       |  |                 |                   |          |          |  |  |  |  |  |
| Under 16  | Under 16 16 or older  |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
|   |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
| 3. Which of the following best desc   | cribes the performanc                                       | ce/eve                               | ent you                               | saw?                                       | (Tick one only) | )                 |          |          |  |  |  |  |  |
| 🗖 Plays/Drama   | Dance   |                                      | Contemporary Visual Arts              |  |                 |                   |          |          |  |  |  |  |  |
| Christmas Show  | hristmas Show 🗖 Music                                       |                                      |                                       | 🗖 Film                                     |                 |                   |          |          |  |  |  |  |  |
| Musical Theatre   | Musical Theatre 🛛 Workshops                                 |                                      |                                       |  |                 | Museum/exhibition |          |          |  |  |  |  |  |
| Children/Family   |   |                                      |                                       | Outdoor arts                               |                 |                   |          |          |  |  |  |  |  |
| General entertainment   | l Arts  |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
| 4. Which of the following describe  | your motivations for  | visitin                              | g [Orga                               | anisat                                     | ion name] today | v? (Tick          | all that | apply)   |  |  |  |  |  |
| 4a. And which of these was your <b>m</b>                                    |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
| To spend time with friends/far  | ĺ   | 🛛 For                                | refle                                 | ction                                      |                 |                   |          |          |  |  |  |  |  |
| For a special occasion  |   |                                      | 🛛 [Art                                | [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   |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
| 5. How would you rate the following? (Please give one rating for each item) |   |                                      |                                       |  |                 |                   |          |          |  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,                                       | 3. (****** 3.*********                                      |                                      |                                       |  | Neither         |                   |          | Don't    |  |  |  |  |  |
|   | N   | Very                                 | 6                                     |  | good nor        |                   | Very     | know/Not |  |  |  |  |  |

| 6. On a scale of 0-10, how likely is it that you would recommend [Organisation name] to a friend, family member or colleague, with 10 being extremely likely and 0 being not at all likely? <i>(Tick one only)</i> |    |   |   |   |   |   |   |   |   |   |   |
|--|----|---|---|---|---|---|---|---|---|---|---|
|  | 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? (7  | Fick one only)  |                  |   |             |           |         |  |  |  |
|--|-----------------|------------------|---|-------------|-----------|---------|--|--|--|
| 🖵 Male   |                 | Female           |   | D P         | refer not | to say  | 1  |  |  |
| <ul> <li>9. Which of the follow</li> <li>Male</li> <li>Prefer not to say</li> <li>*How would you descr</li> </ul>  | ibe your gende  | Female           |   |             | another   | way*    |  |  |  |
| 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. The gender question is mandatory for organisations with Band 2 or 3 funding. |                 |                  |   |             |           |         |  |  |  |
| 10. Which of the follow  | wing age group  | s do you belong  | to? (Tick one or                          | nly)        |           |         |  |  |  |
| Under 16   | 30 - 34         |                  | 50 - 54                                   |             | 70 - 74   |         | Prefer not to say  |  |  |
| <b>1</b> 6 - 19  | 35 - 39         |                  | 55 - 59                                   |             | 75 - 79   |         |  |  |  |
| 20 - 24  | 40 - 44         |                  | 60 - 64                                   |             | 80 - 84   |         |  |  |  |
| 25 - 29  | 45 - 49         |                  | 65 - 69                                   |             | 85 or old | der     |  |  |  |
| 11. What is your ethni   | c group? (Tick  | one only)        |   |             |           |         |  |  |  |
| White  |                 | Mixed            |   |             |           | Asian   | n or Asian British   |  |  |
| Gypsy or Irish Traveller Uhite and As  |                 |                  | Black African<br>Asian<br>d/multiple ethr | ack African |           |         | <ul> <li>Indian</li> <li>Pakistani</li> <li>Bangladeshi</li> <li>Chinese</li> <li>Other Asian background*</li> </ul> |  |  |
| Black or Black British   |                 |                  | Other                                     |             |           |         | -  |  |  |
| African  |                 |                  | 🔲 Arab                                    |             |           |         |  |  |  |
| Caribbean Other*   |                 |                  |   |             |           |         |  |  |  |
| <ul> <li>Other Black/African/ Caribbean background*</li> <li>Prefer not to say</li> </ul>  |                 |                  |   |             |           |         |  |  |  |
| *What other?   |                 |                  |   |             |           |         |  |  |  |
| 12. Do you identify as   | a D/deaf or di  | sabled person, o | or have a long-te                         | erm he      | alth conc | lition? | (Tick one only)  |  |  |
| Yes     No     Prefer not to say   |                 |                  |   |             |           |         |  |  |  |
| 13. Do you live in the   | UK? (Tick one d | only)            |   |             |           |         |  |  |  |
| Yes No   |                 |                  |   |             |           |         |  |  |  |
| 13a. If you live in the UK, what is your full postcode?<br>This information will only be used for research<br>13b. If you live overseas, what is your country of residence?  |                 |                  |   |             |           |         |  |  |  |
|  |                 |                  |   |             |           |         |  |  |  |
|  |                 |                  |   |             |           |         |  |  |  |

Thank you for your help.