

Creative Aging Culminating Event Audience Survey

Program/Library Name: _____ Event date: _____

Your gender: Male Female

Your age: 0-13 14-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

I learned about the event from:

- | | | | |
|--|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> A participant | <input type="checkbox"/> Librarian | <input type="checkbox"/> Television/radio | <input type="checkbox"/> Email |
| <input type="checkbox"/> A friend | <input type="checkbox"/> A flyer | <input type="checkbox"/> Facebook | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> A family member | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other _____ |

I came to see a participant in the program.

Yes No

If yes, did the participant seem engaged in the program? Acquired new skills?

Yes No

I understand the goals of this program/exhibit.

Yes No

For each pair of statements, please mark a point on the scale closest to your experience of this event.

| | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| My concentration wandered | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I was completely absorbed by the event |
| There was not much new for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | It got me thinking about things differently |
| I am not particularly interested in the arts | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | This event sparks my interest in art making |
| Overall, I wish I had done something else | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | I'm really glad I came |

Did this program event change your idea or attitude about older adults?

Yes No

Why or why not? If you need more space, please use the back of this form.

Please inform me of future opportunities to participate in instructional arts programs.

Name:

Phone:

Email:

Thank you for your feedback!