

Culminating Event Audience Survey

Date: _____

Organization Name: _____

Program Title: _____

Please take a few minutes to give us your feedback about this creative aging culminating event. Your responses will help improve future programs. All demographic data is anonymized when used for program analysis.

1. Demographics

Gender:

Male Female Non-binary Prefer to self-describe: _____

Age:

0-18 19-34 35-54 55-74 75-94 95+

2. How did you hear about the event?

- | | | | |
|--|---|---|----------------------------------|
| <input type="checkbox"/> Participant | <input type="checkbox"/> Organization staff | <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Email |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Flyer | <input type="checkbox"/> Facebook | <input type="checkbox"/> Website |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Twitter | <input type="checkbox"/> Other: |

3. Did you come to see a participant in the program?

Yes No

If yes, did the participant seem to acquire new skills? Yes No

4. Do you understand the purposes of this program?

Yes No

Please turn over to complete

5. On a scale from 1 to 5, please rate the following statements based on your experience of this event. Circle your response with 1 being strongly disagree and 5 being strongly agree

I was completely absorbed by the event. 1 2 3 4 5

This event sparks my interest in artmaking. 1 2 3 4 5

I'm really glad I came. 1 2 3 4 5

6. 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 add me to your mailing list!

Name: _____ Email: _____

Address: _____

City/State/Zip Code: _____ Phone: _____

Thank you for your feedback!