

# Pre-Program and Post-Program Participant Surveys

These surveys should be used during the first session and final session of a program series respectively. Reviewing and compiling this data will help you develop a better sense of who the participants are, how they see themselves, measure change over the course of the class, and learn about your program's strengths and areas of improvement.

Tips:

- When asking participants to fill out the surveys, you can explain that because it is a new program, you want to learn as much as possible to strengthen it, and to understand the outcome for those participating.
- Decide whether you want to look at changes for a group of participants overall, or also for participants individually. If you wish to look at changes for each participant, it will be important to ask that people give their names so that you can make comparisons at the end of the program. If participants wish to keep their responses confidential, choose another staff to number the surveys and record a name with each number. This person will need to ensure that each participant has the same numbered post participant survey at the conclusion of the sessions.

**Pre-Program Participant Survey:** (should take approx. 5 minutes) The purpose of this survey is to collect demographic information about participants, so we know who is participating, and to get a baseline picture of where participants see themselves on a simple scale. This scale is repeated in the Post Program Participant Survey as a measure of change.

**Post-Program Participant Survey:** (should take approx. 10 minutes) This survey repeats the same scale as above. Additionally, it asks participants to indicate areas of growth as a result of the program. Responses to these questions help reveal the outcomes for participants. The survey also asks participants to give feedback on various elements of the program. These responses can help the teaching artist and coordinator learn the strengths and areas for improvement.

# Pre-Program Participant Survey

Date:

Organization Name:

Program Title:

Teaching Artist:

Your Name (*optional*):

*In order to better understand the results of this Creative Aging program and to improve future programs, please complete this questionnaire. Thank you! All demographic data is anonymized when used for program analysis.*

## Demographics (*optional*)

### Age:

- <55    55-64    65-74    75-84    85+

### Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

### Race (check all that apply):

- American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian/Pacific Islander  
 White  
 Other:

### Gender Identity:

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

### Mobility Issues/Disabilities:

- I have no mobility issues/disabilities  
 I have some mobility issues/disabilities  
 I have many mobility issues/disabilities

**On a scale from 1 to 5, to what extent do you agree or disagree with the following statements? Circle your response with 1 being strongly disagree and 5 being strongly agree.**

I am creative.	1	2	3	4	5
I am physically active.	1	2	3	4	5
I can continue to learn new things.	1	2	3	4	5
My attitude about aging is positive.	1	2	3	4	5
I enjoy meeting other people.	1	2	3	4	5
I feel positive about my overall well-being.	1	2	3	4	5

**How did you learn about this program? Please use the reverse side of this page if needed.**

# Post-Program Participant Survey

Date:

Organization Name:

Program Title:

Teaching Artist:

Your Name (*optional*):

*Please take a few minutes to give us your feedback about this Creative Aging program. Your responses will be carefully considered in planning for future programs. All demographic data is anonymized when used for program analysis.*

## Demographics (*optional*)

### Age:

- <55    55-64    65-74    75-84    85+

### Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

### Gender Identity:

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

### Race (check all that apply):

- American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian/Pacific Islander  
 White  
 Other:

### Mobility Issues/Disabilities:

- I have no mobility issues/disabilities  
 I have some mobility issues/disabilities  
 I have many mobility issues/disabilities

## **In what areas did you experience growth as a result of your participation in this program? (*check all that apply*)**

- Formed new/stronger relationships  
 Increased mental engagement  
 Increased physical activity  
 Improved my creative expression  
 Increased my knowledge of the art form/discipline  
 Increased my skills in the art form/discipline  
 Increased my appreciation of the art form/discipline  
 Increased my confidence in creating art  
 Increased my interest in learning more about this art form  
 Increased my interest in learning more about other art forms  
 Encouraged me to participate in other community activities  
 Other; Please specify:

# Post-Program Participant Survey

On a scale from 1 to 5, to what extent do you agree or disagree with the following statements? Circle your response with 1 being strongly disagree and 5 being strongly agree.

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The workshop's physical space OR remote format promoted learning and creativity. 1 2 3 4 5

*If you disagree or strongly disagree, please explain what could be improved:*

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Our teaching artist had excellent group management skills. 1 2 3 4 5

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Our teaching artist provided excellent help when asked. 1 2 3 4 5

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Our teaching artist gave me confidence that I could make choices about learning and creating art for myself. 1 2 3 4 5

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I would recommend this program to a friend or family member. 1 2 3 4 5

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As a result of this program, I plan to continue in this activity. 1 2 3 4 5

*Please explain:*

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**How would you rate the overall quality of the program?**

- Poor                       Fair                       Good                       Excellent

**We welcome any further thoughts or comments you would like to share!**

Thank you!