AUDIENCE QUESTIONNAIRE

Please take a few minutes to answer the following questions about your event experience. Your responses will help us plan and improve future programs. All responses are confidential; participation is completely voluntary. Please return this questionnaire to the survey box in the lobby. Thank you for your help.

Name of this event _____________________________________ Date ______________

1. Is this the first time you have attended a School of the Arts event?  □ Yes  □ No

2. How did you learn about today's event? (check all that apply)
   □ Email list  □ Program postcard
   □ Flier/Poster  □ Radio
   □ Friend  □ School of the Arts "arts365" calendar
   □ Newspaper ad  □ Social Media (Facebook, Twitter, etc.)
   □ Newspaper article  □ Teacher
   □ Program brochure  □ Website
   □ Other (specify) _______________________________________

3. Please rate the following statements about today's event from 1 to 5 with 1 meaning you strongly agree (SA) and 5 meaning you strongly disagree (SD):

   a. I enjoyed this performance.  SA 1 2 3 4 5
   b. This event introduced me to something new.  1 2 3 4 5
   c. Our community needs more of this type of event.  1 2 3 4 5
   d. I would urge others to attend more events like this one.  1 2 3 4 5
   e. This event exceeded my expectations.  1 2 3 4 5

4. As the result of attending this event, I will (check all that apply):
   □ learn more about the subject
   □ attend additional events like this one
   □ return with my friend(s) and/or family member(s)
   □ tell a friend about this event

5. What can we do to improve your experience?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

6. What is your zip code? ____________

7. What is your gender?  □ Female  □ Male  □ Other

8. What is your age?  □ 15-19  □ 20-29  □ 30-49  □ Over 50

9. What is your highest level of education? __________________________________

10. How do you define your racial/ethnic heritage?
    □ African-American  □ American Indian  □ Hispanic/Latino  □ White/Caucasian
    □ Asian  □ Pacific Islander  □ Middle Eastern
    □ Other (specify) ______________________________________

11. What are the primary and secondary (if any) languages spoken at home?
    ______________________________________________________
    ______________________________________________________

If you would like to be added to our mailing list to learn about upcoming School of the Arts events, please join our mailing list and/or email list:

   Name: _____________________________________________
   Address: ___________________________________________
   City __________________ State _____ Zip ______________
   Email Address: _____________________________________

For more information please call (775) 784-5011 or email: arts365@unr.edu.

Thank You!