

Creative Aging Culminating Event Audience Survey

Library Name: _____ Event Date: _____

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.

1. Demographics (optional)

Your Gender:

Male Female

Your Age:

0-12 13-19 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

2. How did you hear about the event? (check all that apply)

Participant Librarian Television/Radio Email
 Friend Flyer Facebook Website
 Family member Newspaper Twitter Other:

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

Yes No

If yes, did the participant seem engaged in the program or seem to acquire new skills?

Yes No

4. Do you understand the goals of this program/exhibit?

Yes No

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

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

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.)

Thank you for your feedback!

Please add me to your mailing list!

Name:

E-mail:

Phone: