

[organisation name] 2020-21 questionnaire

We're carrying out this survey to help us learn more about our audiences and how we can give them the best possible experiences. The survey should take around five minutes to complete. Anything you tell us will be kept confidential, is anonymous and will only be used for research purposes. The information you provide will be held by [organisation name] and The Audience Agency, who are running the survey on our behalf.

1. Have you visited [organisation name] before? (Tick one only)

- | | |
|---|--|
| <input type="checkbox"/> Yes, in the last 12 months | <input type="checkbox"/> Yes, between three and five years ago |
| <input type="checkbox"/> Yes, between one and two years ago | <input type="checkbox"/> Yes, but more than five years ago |
| <input type="checkbox"/> Yes, between two and three years ago | <input type="checkbox"/> No, this is my first visit |

1a. (If yes in the last 12 months) Including today, how many times have you visited [organisation name] in the last 12 months?

2. Which of the following best describes the performance/event you saw? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Plays/Drama | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Christmas Show | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Traditional Visual Arts |
| <input type="checkbox"/> Children/Family | <input type="checkbox"/> Contemporary Visual Arts |
| <input type="checkbox"/> General entertainment | <input type="checkbox"/> Film |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Museum/Heritage |
| <input type="checkbox"/> Music | <input type="checkbox"/> Outdoor arts |

3. Are you visiting with other people today? (Tick one only)

- Yes No

3a. If yes, how many of those you are visiting with are aged... (this does not include yourself)

Under 16 _____ 16 or older _____

4. Which of the following describe your motivations for visiting [organisation name] today? (Tick all that apply)

4a. And which of these was your main motivation? (Circle one only)

- | | |
|--|---|
| <input type="checkbox"/> To spend time with friends/family | <input type="checkbox"/> For reflection |
| <input type="checkbox"/> For a special occasion | <input type="checkbox"/> [Artform] is an important part of who I am |
| <input type="checkbox"/> For peace and quiet | <input type="checkbox"/> To escape from everyday life |
| <input type="checkbox"/> To be intellectually stimulated | <input type="checkbox"/> For academic reasons |
| <input type="checkbox"/> To be entertained | <input type="checkbox"/> For professional reasons |
| <input type="checkbox"/> To be inspired | <input type="checkbox"/> To entertain my children |
| <input type="checkbox"/> To do something new/out of the ordinary | <input type="checkbox"/> To educate/ stimulate my children |
| <input type="checkbox"/> To learn something | <input type="checkbox"/> Other - please specify _____ |
| <input type="checkbox"/> To enjoy the atmosphere | |

5. How would you rate the following? (Please give one rating for each item)

	Very good	Good	Neither good nor poor	Poor	Very poor	Don't know/Not applicable
Quality of the performance/exhibition/event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for money of tickets (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The whole experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. On a scale of 0-10, how likely is it that you would recommend [organisation name] to a friend, family member or colleague, with 10 being extremely likely and 0 being not at all likely? (Tick one only)

- 10 9 8 7 6 5 4 3 2 1 0

7. Is there anything else you would like to say about your visit? (Please describe below)

About You

This final section is about you. It's a little more personal but is really useful to us. The questions have been designed to align with the way Census data is collected in Scotland. This enables us to compare our visitor profile to the general population. By answering these questions, you will help us to see the extent to which we're serving everyone in our community. If there are any questions that you'd rather not answer, please select "Prefer not to say" or skip to the next question.

8. How would you describe your gender identity? (Tick one only)

- Man Woman In another way*
 Prefer not to say

* If you would like to, please tell us what other words you use

9. Which of the following age groups do you belong to? (Tick one only)

- Under 16 30 - 34 50 - 54 70 - 74 Prefer not to say
 16 - 19 35 - 39 55 - 59 75 - 79
 20 - 24 40 - 44 60 - 64 80 - 84
 25 - 29 45 - 49 65 - 69 85 or older

10a. Ethnicity Question Option 1: Which option best describes your ethnic group or background? (Tick one only)

White

- Scottish
 Other White British
 Irish
 Gypsy/Traveller
 Polish
 Other White background*

Mixed or Multiple ethnic groups

- Mixed or multiple ethnic groups*

Asian

- Pakistani, Pakistani Scottish or Pakistani British
 Indian, Indian Scottish or Indian British
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British
 Chinese, Chinese Scottish or Chinese British
 Other Asian background*

African

- African, African Scottish or African British
 Other African background*

Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British
 Black, Black Scottish or Black British
 Other Caribbean or Black background*

Other ethnic group

- Arab, Arab Scottish or Arab British
 Any other Ethnic Group*

- Prefer not to say

* Other or mixed/multiple ethnic group, please specify:

10b. Ethnicity Question Option 2: Which option best describes your ethnic group or background? (Tick one only)

- | | |
|--|--|
| <input type="checkbox"/> White, White Scottish, White British or White other | <input type="checkbox"/> Caribbean or Black, Caribbean or Black Scottish, Caribbean or Black British |
| <input type="checkbox"/> Mixed or Multiple ethnic group* | <input type="checkbox"/> Other Ethnic Group* |
| <input type="checkbox"/> Asian, Asian Scottish or Asian British | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> African, African Scottish or African British | |

* Other or mixed/multiple ethnic group, please specify:

11. Do you identify as a D/deaf or disabled person, or have a long-term health condition? (Tick one only)

- Yes No Prefer not to say

12. Do you live in the UK? (Tick one only)

- Yes No

12a. If you live in the UK, what is your full postcode?

This information will only be used for research

12b. If you live overseas, what is your country of residence?

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Thank you for your help.