

# 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?

Participant  Organization staff  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 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 art making. 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

***Thank you for your feedback!***