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.

<table>
<thead>
<tr>
<th>My concentration wandered</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>I was completely absorbed by the event</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was not much new for me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>It got me thinking about things differently</td>
</tr>
<tr>
<td>I am not particularly interested in the arts</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>This event sparks my interest in art making</td>
</tr>
<tr>
<td>Overall, I wish I had done something else</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>I’m really glad I came</td>
</tr>
</tbody>
</table>

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: ___________________________