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