



OMB Control #: 3135-0130
Expiration Date: 4/25/2014

Today, along with thousands of other Americans, you played an important role in the cultural life of our country by attending an arts program.

The National Endowment for the Arts supports hundreds of arts performances, exhibitions and film screenings every year, including the event you just attended.

Now, I invite your feedback.

Please complete this questionnaire when you get home, preferably within 24 hours.

Your responses will help the Endowment understand how audiences are impacted by the performances, exhibitions and film screenings it funds.

You must be at least 18 years old to respond. Your answers are anonymous and confidential, so please be as candid as possible.

Thank you.

Rocco Landesman
Chairman

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 3135-0130. The estimated time to complete this questionnaire is 10 minutes. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this survey, please contact Elizabeth Holland at hollande@arts.gov.

Begin Here

1. **What is the name of the theater or venue that you attended?**

2. **What is the name of the program theatrical work that you saw?**

3. **On what date did you attend the performance?** _____ #

The following questions pertain to the performance you just attended. Before answering these questions, you may wish to close your eyes for a moment and imagine yourself back at the performance, thinking about what you saw, heard, and felt.

1. Select an answer for each question.

| | No | Yes | Not Sure or Not Applicable |
|--|--------------------------|--------------------------|----------------------------|
| A. Were you already familiar with the artistic work of the actors or theatre company that performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Were you exposed to at least one type or style of theatre that you had not [heard/seen] before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Were you exposed to the work of a playwright whose work you'd not known before? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Were you exposed to at least one unfamiliar theatrical work even if you were previously familiar with the artist(s) who created it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Were you exposed to a different interpretation of a theatrical work you had previously seen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. During the performance did you lose track of time and get fully absorbed? (select one)

| | YES | | | | | Not Applicable |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NO, Not at All | A Little | | Somewhat | | Completely | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Following is a list of words that might describe how the performance made you feel. Indicate how much you felt each of these things at any point during the artistic program. Please respond in reference to how the art itself made you feel. If the program you attended included multiple artistic works, and at least one of them made you feel a certain way, please report it.

| | Not at all | A little | A lot | Not Applicable |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Peaceful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassionate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excited | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulfilled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refreshed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not at all | A little | A lot | Not Applicable |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intrigued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provoked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amazed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contemplative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. In your own words, how did the performance make you feel?

5. As a result of attending this event, how interested are you in attending performances featuring similar artistic work? (select one)

Much less interested
 No change
 More interested
 Less interested
 Much more interested

6. Did you leave the performance with an impulse or idea for being more creative in your own life or work? (select one)

No Yes Not Applicable

Next, please answer a few questions about what the performance made you think about.

7. Did the performance raise questions in your mind that you would like to ask the performers or creators of the work? (select one)

No Yes - a few questions Yes – a lot of questions

8. Did the performance cause you to think about an issue or topic? (select one)

| YES | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NO, Not at All | A Little | | Somewhat | | Very Much | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. To what extent did you gain new insight or learning? (select one)

| YES | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at All | A Little | | Somewhat | | Very Much | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. To what extent did the performance motivate you to take some action, or make a change? (select one)

| YES | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at All | A Little | | Somewhat | | Very Much | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Did the performance explore or celebrate your own cultural background or identity? (select one)

| YES | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NO, Not at All | A Little | | Somewhat | | Very Much | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Did the artistic program give you a new appreciation for people who are different than you, or for a culture other than your own? (select one)

| YES | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NO, Not at All | A Little | | Somewhat | | Very Much | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. Overall, what was most meaningful to you about the artistic program?

Next, please answer a few questions about your ticket to the performance.

14. Who purchased your ticket or paid your entrance fee? (select one)

- I did Someone else did No ticket or fee was required (skip to question 15)

15. If you had a ticket, what type of ticket did you hold? (select one)

- Subscription or series ticket Complimentary ticket
 Individual ticket Special group ticket

Next, please answer a few questions about your prior experience with arts.

16. How knowledgeable are you about theatre? (select one)

- Not very knowledgeable Somewhat knowledgeable Very knowledgeable

17. Have you had any experience with creating or performing theatre? (select one)

- No Yes – earlier in my life Yes – this is a current activity for me

Finally, please answer a few questions about yourself. Your answers are anonymous and confidential.

18. In what year were you born? (write in year): _____

19. What is your sex? (select one)

- Male Female

20. What is the highest level of school you have completed or the highest degree you have received? (select one)

- Less than 9th grade Some college
 Some high school College graduate
 High school grad (GED) Advanced graduate degree

21. Do you consider yourself to be Hispanic or Latino? (select one)

- No Yes

22. Which category or categories best describe your race? (select one or more)

- White Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native