



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](mailto:hollande@arts.gov).

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### Begin Here

1. **What is the name of the museum or gallery that you visited?**

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2. **What is the name of the exhibition that you saw?**

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3. **On what date did you attend the exhibition?** \_\_\_\_\_ #

The following questions pertain to the exhibition you just attended. Before answering these questions, you may wish to close your eyes for a moment and imagine yourself back at the exhibition, 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 museum or gallery that organized the exhibition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Were you exposed to at least one type or style of visual art 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 visual artist 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 work of art 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 work of art you had previously seen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NO, Not at All	YES				Not Applicable
	A Little		Somewhat	Completely	
<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 exhibition made you feel. Indicate how much you felt each of these things **at any point** during your time with the exhibit. Please respond in reference to how the art itself made you feel. If the [program/exhibit/film] 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 exhibition make you feel?

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

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

6. Did you leave the exhibition 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 exhibition made you think about.

7. Did the exhibition 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 exhibition 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 exhibition 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 exhibition 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 work(s) 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 work?

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

**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)**

- Included in Membership       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 visual art? (select one)**

- Not very knowledgeable       Somewhat knowledgeable       Very knowledgeable

**17. Have you had any experience with creating or showing visual art? (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 9<sup>th</sup> 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