**EXHIBITS MASTER SURVEY**  **Date of Visit:**

**Instructions: Tell us about your experience today by *circling* your choices. This valuable information will improve future public outreach programs. Please turn in your completed survey to the designated area or to a staff member. We appreciate your feedback. Thank you for helping us serve you better. \*Numbers are for internal purposes only\***

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|  |  |
| --- | --- |
|  | **Overall, I am satisfied with my museum experience today** *(101)****.****\** |
| Strongly Agree | Agree | Disagree | Strongly Disagree |
|  | **Is this your first visit to the Richard Nixon Presidential Library and Museum** *(102)***?** |
| Yes | No |
|  | **How did you learn about the Richard Nixon Presidential Library and Museum?** |
| Brochure or Flyer | Calendar of Events | Magazine |
| Newsletter | Newspaper | Promotional Signs or Billboards |
| Radio or Television | Social Media (Facebook or Twitter) | Website |
| Word of Mouth or Personal Recommendation | Charter or Group Tour | School Tour |
|  | Other: |
|  | **The exhibit galleries and public spaces were clean and well maintained** *(103)***.** |
| Yes | No |
|  | **If no, please describe/explain:**  |
|  |  |
|  | **The exhibit lighting, audiovisual technologies and interactive features were fully functioning** *(104)***.** |
| Yes | No |
|  | **The Richard Nixon Presidential Library and Museum signage was clear and instructive.** |
| Yes | No |
|  | **The interactive displays contributed positively to my experience.** |
|  | Yes | No |
|  | **Sex** *(105)***:** |
| Female | Male |
|  | **Country:** |
| **State:** | **Zip Code:** |
| **Please leave a preferred email address, if you would like to receive information about upcoming events:** |