**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:** | | | | | | |