

ATTACHMENT A
CREATIVE FORCES PROGRAM FEEDBACK SURVEY
FINAL – JANUARY 10, 2022

Thank you for participating in a program supported by a Creative Forces Community Engagement grant. This grant program, supported by the National Endowment for the Arts in cooperation with the Mid-America Arts Alliance, aims to improve the health, well-being, and quality of life for military service members and veterans as well as their families and caregivers.

This brief survey will collect your feedback about your experiences in this program. Your responses will remain anonymous and will be used only to report on the effectiveness of current programming and to improve future programs. Your responses will not be associated with, nor have any influence on, your relationship with the program provider, Mid-America Arts Alliance, or the National Endowment for the Arts.

Your participation is voluntary. You will not receive any compensation for responding to the survey. You may decline to answer any questions you wish. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this survey is OMB No. XXXX-XXXX (expires XX/XX/XXXX). The time required to provide responses to the survey questions is estimated to be approximately 5 minutes. Please contact the Mid-America Arts Alliance at creativeforces@maaa.org or the National Endowment for the Arts at research@arts.gov if you have any questions regarding the estimated time burden or any other aspect of this data collection.

Click here to begin.

[Page break]

1. How did you hear about our program? [Select all that apply]

- Website
- Printed brochure or flyer
- Email promotion
- Facebook
- Twitter
- Newspaper story or announcement
- Radio announcement
- Internet search
- I was involved in another program/event with this organization
- Someone I know told me about it
- Other (please specify)

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
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2. The program's schedule (time of day, day of week, etc.) worked for me.					
3. I felt welcome in this program.					
4. I felt engaged during this program.					
5. The program created a sense of community and belonging.					
6. Any comments about these aspects of the program? [500 character limit]					

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
7. I benefited from this program.					
8. The greatest benefits were: [list up to 3]					
9. During this program, I gained new knowledge/skills or significantly enhanced my knowledge/skills.					
10. In what ways might you use your skills/knowledge in the future? [300 character limit]					
11. The most challenging things about the program were: [list up to 3]					

	Very Unlikely	Somewhat Unlikely	Somewhat likely	Very likely
12. How likely are you to participate in another program with us?				
13. How likely are you to recommend it to a friend, family member, or colleague?				
14. For both questions, why or why not? [300 character limit]				

15. What types of arts programs would you like to participate in?

[300 character limit]

16. Have you participated in or attended other programs here (or with this organization) in the past?

- Yes
- No
- Unsure

If yes, please name or briefly describe the program(s): [300 character limit]

17. Do you have any suggestions/comments that will help us make the program better? [300 character limit]

[300 character limit]

Optional: Please tell us a little about yourself. This information will help us understand who is participating in the program and whether there are changes we need to make to ensure the program is beneficial to everyone.

18. Which best describes you? (check all that apply)

- Service Member
 - Active Duty
 - National Guard
 - Reserve
- Veteran
 - Retiree
- Spouse/Partner of a Service Member or Veteran
 - Active Duty Service Member
 - National Guard/Reserve
 - Veteran
- Other Family Member of a Service Member or Veteran
 - Active Duty
 - National Guard/Reserve
 - Veteran
- Caregiver for a
 - Service Member
 - Veteran
- Health care worker serving military-connected populations
- Civilian
- Other _____
- Prefer not to say

19. What is your age?

- 0 – 17 years
- 18 – 24 years
- 25 – 64 years
- 65+ years

20. Which best describes you? (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American

- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other Racial/Ethnic Group
- Prefer not to say

21. Do you identify as:

- Female
- Male
- Prefer not to say