OMB Control # 3137-0101
Expiration Date XX/XX/XXXX

**MAP Follow-Up Visit Survey for Museums**

1. What type of Follow-Up Visit did you have?

* On Site
* Hybrid (combination of on site and virtual)

2. Overall, how satisfied are you with the Follow-Up Visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very satisfied** | **Satisfied** | **Neither satisfied nor dissatisfied** | **Dissatisfied** | **Very dissatisfied** |
|  |  |  |  |  |

Comments (optional)

3. How would you describe the process for applying for a Follow-Up Visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very easy** | **Easy** | **Neither easy nor difficult** | **Difficult** | **Very difficult** |
|  |  |  |  |  |

Comments (optional)

4. As an organization, approximately how many hours per week did you spend on the Follow-Up MAP process on average (collectively, not as an individual)?

5. In what ways did the Follow-Up Visit affect the museum, regarding implementation of the Peer Reviewer’s original recommendations? (Check all that apply.)

* Gave us more direction and general guidance to move ahead with them
* Helped us unpack them more
* Motivated us to continue forward
* Helped us prioritize them
* Helped us plan strategically and/or operationally
* Gave us new strategies to apply/try
* Helped us complete/fulfill one or more of them
* Other (please specify)

5. Please share any additional comments about the MAP Follow-Up Visit.