

Appendix 4: Sample Questionnaire

Interviewer :

Date/time:

Hello, my name is... I'm working on behalf of The British Museum. The Museum is continually seeking to improve the standard of its galleries. To help them do this we are seeking the views of visitors to the HSBC Money Gallery. We would be grateful if you could spend 4 or 5 minutes answering some questions.

1. *How many times have you previously visited The British Museum?*

None **G** 1-5 **G** more than 5 **G**

2. *When was the last time you visited?*

Within last 6 months **G** Within last year **G** 1-3 years **G** More than 3 years ago **G**

3. *Are you visiting the Museum:*

Alone **G** With 1 other **G** 2-4 others **G** 5 or more others **G**

4. *Did you know about the Money Gallery before you visited the Museum?*

Yes **G** No **G** (*If yes, go to 5, if no go straight to 6*)

5. *How did you hear about the Money Gallery?*

Newspaper **G** Poster **G** Recommendation from someone **G** Internet **G** Other (please state)

6. *Approximately how long have you spent in the gallery?*

Passing through **G** 1-5 minutes **G**
5-10 minutes **G** 10 to 15 minutes **G** More **G**

7a. *Could you see all of the objects clearly?*

Yes **G** No **G** (*If yes go to 8, if no go to 7b*)

7b. *Why not?*

8. *How easy was it to understand the panels and labels with the objects?*

Very easy **G** Quite easy **G** (*go to 9a*)
Neither easy nor difficult **G** (*go to 10*)
Quite difficult **G** Very difficult **G** (*go to 9b*)

9a. *What made the panels and labels easy to understand?*

9b. *What made the panels and labels difficult to understand?*

10. *Are you aware of any publications linked to this gallery?*

Yes **G** No **G**

11a. *Are you aware that a gallery leaflet is available for use with the HSBC Money Gallery?*

Yes **G** No **G** (*If yes go to 11b, if no go to 12*)

11b. *Did you buy it?*

Yes **G** No **G** (*If yes go to 11c, if no go to 12*)

11c. *Did you find the gallery leaflet:*

Very useful **G** Quite useful **G** Not particularly useful **G** Not useful at all **G**

12. *If you were describing this gallery to a friend, which three words would you use?*

bright useless exciting uncomfortable fun relevant noisy boring cheerful
uninteresting good for kids special airless interesting doesn't relate to me attractive
hard to understand

13. *What, if anything, do you find particularly attractive or appealing about the gallery?*

14. *It is perfectly acceptable to find that there are some things you did not like about the gallery. Would you be willing to tell me something you did not like about the gallery?*

15. Many galleries are about places in time, like Ancient Egypt or Ancient Greece. This one is about a particular theme – Money. Do you like galleries better if they are themed or historical?

16a. Are you aware that this gallery is supported by a sponsor?

Yes **G** No **G** (If yes go to 16b, if no go to 17)

16b. Do you know who the sponsor is?

17. Would you be interested in any of the following:

- a. Listening to a talk in the gallery **G** b. Attending a lecture about the history of Money **G**
- c. Having an activity to do in the gallery that gives you more information **G**
- d. Reading more about the history of Money **G**

18. Thinking of the Museum as a whole, how would you rate each of the following?:

	Very good	Quite good	Neither good nor poor	Rather poor	Very poor	Not used
Shops	G	G	G	G	G	G
Restaurant	G	G	G	G	G	G
Toilets	G	G	G	G	G	G
Directions	G	G	G	G	G	
Overall quality	G	G	G	G	G	

19. Could you please tell us a little about yourself?

Age: 8-16 years old **G** 17-24 years old **G** 25-34 years old **G** 35-44 years old **G**
45-54 years old **G** 55-64 years old **G** 65+ years old **G**
Sex: Male **G** Female **G**
Where do you live? London area **G** Rest of UK **G** Outside UK **G**

20. Are there any additional comments you would like to make, either about the HSBC Money Gallery or about The British Museum as a whole?

Thank you very much for your time.

We're All Ears!



Museum Visitor Satisfaction Survey

Thank you for visiting the Lutz Children's Museum today. Please help us continue to improve the quality of the museum experience by answering these few questions. You can put the completed form in the box at the Front Desk, send an email to the Museum Director (reckert@lutzmuseum.org), or mail it to the Lutz Children's Museum, 247 South Main Street, Manchester, CT 06040, ATTN: Museum Director. Thank you for taking the time to help us improve the Lutz Children's Museum.

Date of visit: _____

Time of visit: morning afternoon

Purpose of visit:

- ____ quality family time
- ____ homeschool
- ____ grandparent visit
- ____ visit with out-of-town family/friends
- ____ other (specify) _____

How did you hear about the Museum?

- ____ website (specify) _____
- ____ friend
- ____ relative
- ____ notice from school
- ____ newspaper
- ____ other (specify) _____

How many people visited with you today?

- ____ Infants
- ____ Toddlers
- ____ Preschoolers
- ____ School-age children
- ____ Adults

Please let us know about the quality of your Museum visit by indicating your level of agreement/disagreement with the following statements. Mark an 'x' or '√' in the box that best describes your response.

	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
The Museum staff is professional, well informed, and pleasant.	5	4	3	2	1
The Museum is clean and the exhibits are in good condition.	5	4	3	2	1
Admission is reasonable for a family activity.	5	4	3	2	1
The exhibits are engaging.	5	4	3	2	1
The Museum visit met my expectations.	5	4	3	2	1

Please respond to these statements by thinking of the children you brought to the museum today. Mark an 'x' or '√' in the box that best describes your response.

	Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
The exhibits sparked their curiosity	5	4	3	2	1
The exhibits made sense to them.	5	4	3	2	1
The staff responded to them.	5	4	3	2	1
It was easy to talk about the exhibits with my children.	5	4	3	2	1
They want to come back to the Museum.	5	4	3	2	1

What else do you want us to know? Please feel free to use the back or another piece of paper.

Are you currently a Lutz Children's Museum member? yes no

____ Please contact me by:

____ email: _____ ____ US Postal Service: Name _____

____ phone (and best time to call): _____ Address _____

City, State Zip: _____

Thank you for your help. Sincerely, Robert Eckert, Director, Lutz Children's Museum



Museum / Art Gallery Survey

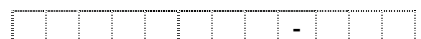
Face to face version

Read out

- ❖ Good morning/afternoon/evening. My name is (*name*).
- ❖ I am conducting a visitor survey on behalf of (...) museum/art gallery (*give name*). This will help us to improve the museum and its services for future visitors.
- ❖ We hope you will not mind taking part. The survey should only take 5-10 minutes to complete.
- ❖ The information you give will be treated confidentially, will not be passed onto a third party and will not identify you in any way.
- ❖ All information collected will be used by the museum to help its present and future customers.
- ❖ Would you like to take part? Yes/No – complete RESPONSE Field below (circle number):
1 = yes; 2 = no
- ❖ Thank you for your help!

Interviewer note: Respondent must be at least 18 years of age. Mark the box with , if you make a mistake fill the box in like







YOUR VISIT TO THE MUSEUM

1. **Is this your first visit to the Museum - if not, when was your last visit? PROBE**
(Please mark one box only)

This is my first visit Visited in the last 12 months
 Visited in the last 6 months Visited more than 12 months ago

2. **(SHOW CARD A) Looking at this card, please say which are your MAIN reasons for visiting the museum today?** (Please mark the reasons that apply)

Something to do in spare time For an event, activity or workshop
 Something to interest the children See an exhibition or display
 See what the museum has to offer Hobbies/outside interests
 For nostalgia (past memories) Tourist/day trip visit
 For family or local history Other, please write below:

3. **Who did you come with to the museum today? PROBE** (Please mark one box only)

On your own Society or community group
 With a partner In a study group
 With member(s) of your family In a tour party
 With a friend(s) Other, please write below:

4. **HOME postcode (or country of origin if visitor from abroad)** *This will NOT be used for sending you unwanted mail*

Home postcode:

Example: MK429WA

Country (if from abroad):





5. (Ask THIS question if RESPONDENT is an OUTSIDE visitor, i.e. does not live locally, see Post Code at Q4 or PROBE),
How long are you staying in the area? (Please mark one box only)

One day

4 – 5 days

2 – 3 days

6 or more days

6. (Ask THIS question if RESPONDENT is an OUTSIDE visitor, and is staying for more than one day at Q5)

What type of accommodation are you staying in? PROBE (Please mark one box only)

Family/friends

Caravan/motor-home

Hotel or guest house

Youth hostel/YMCA or similar

Self-catering

Other, please write below:

7. **ASK ALL. How did you travel to the museum today? PROBE** (Please mark one box)

Car or taxi

Motor cycle/Bicycle

Train or Underground

On foot

Bus or tram

Mixed methods

Coach or minibus

Other, please write below:

8. (SHOW CARD B) **Which DAILY newspaper(s) do you or your family read on a regular basis?** Please do NOT include Sunday or weekly papers. (Please mark all that apply)

No newspaper read

The Sun

The Daily Mail

The Daily Mirror

The Daily Express

The Daily Record

The Daily Telegraph

The Scotsman

The Times

Regional / local paper e.g. Yorkshire Post, please write name:

The Guardian

The Independent

Other, please write name:





MUSEUM SERVICES

9. (SHOW CARDS C & D in turn) Looking at these cards, **HOW GOOD** did you think the following museum services were during **YOUR PRESENT VISIT?**
(Please mark **only one** box in each row)

READ EACH IN TURN	Very Good	Good	Adequate	Poor	Very Poor
(SHOW CARD C) Before/When you arrived:					
Pre-visit information (e.g. leaflets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical access to museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SHOW CARD D) Museum Facilities:					
Content of exhibitions/displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special events/workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Layout of the museum/signs to places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of reading exhibit labels/descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guide books and leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities/activities for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Hands on” exhibits to touch/try out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer-based and/or Audio-Visual materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research facilities/resources <i>(if available)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop/Sale of souvenirs <i>(if available)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/café <i>(if available)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





10. **(SHOW CARD E) Looking at this card, which of the following types of exhibition would you MOST want to visit? (Please mark those that apply)**

- | | |
|--|--|
| Art, painting and drawing <input type="checkbox"/> | History or Archaeology <input type="checkbox"/> |
| Pottery and sculpture <input type="checkbox"/> | Local or Family history <input type="checkbox"/> |
| Photography, film and media <input type="checkbox"/> | Ethnic/cultural heritage <input type="checkbox"/> |
| Costume and textiles <input type="checkbox"/> | Natural history/environment <input type="checkbox"/> |
| Modern art and culture <input type="checkbox"/> | Industrial or agricultural heritage <input type="checkbox"/> |
| Music <input type="checkbox"/> | Transport/vehicles <input type="checkbox"/> |
| Drama/Performing Arts <input type="checkbox"/> | Science/technology <input type="checkbox"/> |
| Writers and poets <input type="checkbox"/> | Sport <input type="checkbox"/> |
| Homes and gardens/ architecture <input type="checkbox"/> | Other, please write below: |

11. **(SHOW CARD F) Taking everything into account, how satisfied would you say you were with your visit to the museum today? (Please mark one box only)**

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Very Satisfied | Fairly Satisfied | Neither satisfied nor dissatisfied | Fairly Dissatisfied | Very Dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. **Do you have any comments to make about your visit to the museum today? Please say what improvements or changes you would like to see made.**





Now turning to information about your GROUP

13. How many PEOPLE are in your GROUP visiting the museum today, including yourself and any children? PROBE

Q13/Q14 Important Note – READ OUT; If you are a single person, couple, friends or family attending as part of a tour group or coach party, **only count the numbers in your SMALL group** e.g. *four people*, not the total number in your tour group or coach party.

	Example	Enter number
Total	<input style="width: 50px; text-align: center;" type="text" value="4"/>	<input style="width: 50px;" type="text"/>

Ask respondent about a) themselves and b) the members of their group for age, ethnicity and disability (See note above)

**14. A) In Column A, please mark the categories that apply to RESPONDENT
B) In Column B, please enter the NUMBER of people in RESPONDENT'S GROUP who are in each category (INCLUDING RESPONDENT)**

	EXAMPLE		ACTUAL	
	Column A YOU <i>Please mark <input checked="" type="checkbox"/></i>	Column B GROUP <i>Enter numbers including self</i>	Column A YOU <i>Please mark <input checked="" type="checkbox"/></i>	Column B GROUP <i>Enter numbers including self</i>
Gender: (SHOW CARD G)				
Female	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="2"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Male	<input type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="2"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Age group: (SHOW CARD H)				
Pre-school age child	<input checked="" type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input checked="" type="checkbox"/>	<input style="width: 50px;" type="text"/>
Primary school age child	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="1"/>	<input checked="" type="checkbox"/>	<input style="width: 50px;" type="text"/>
Secondary school age to 17 years	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="1"/>	<input checked="" type="checkbox"/>	<input style="width: 50px;" type="text"/>
18 – 29 years	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
30 – 44 years	<input type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="1"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
45 – 59 years	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="1"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
60 years and over	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Ethnicity: (SHOW CARD I)				
White	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Asian or Asian British	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Black or Black British	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Chinese or Chinese British	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Mixed	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="4"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Any other ethnic group	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Disabilities: (SHOW CARD J)				
Disabled or long term limiting illness	<input checked="" type="checkbox"/>	<input style="width: 50px; text-align: center;" type="text" value="1"/>	<input type="checkbox"/>	<input style="width: 50px;" type="text"/>





Thank you for giving us your views!

Now please return the survey

