



# Tunbridge Wells Museum and Art Gallery Visitor Survey

## Your visitor experience

**Q1 To what extent do you agree with the following statements about your visitor experience? (Place an X in one box only per row)**

|  | <i>Strongly disagree</i> | <i>Disagree</i>          | <i>Neither</i>           | <i>Agree</i>             | <i>Strongly agree</i>    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I found out something new about life in Tunbridge Wells  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I enjoyed visiting this Museum                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I wanted to add my own comments/memories to the displays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I felt that the Museum displays were relevant to my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I intend to visit this Museum again                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q2 Please use the space below if you would like to tell us more about your visit, or why you agree or disagree with the above statements.**

## About your visit today

**Q3 How did you hear about the Museum? (Place an X in each box that applies).**

*Museum and Art Gallery leaflet*.....

*Word of mouth*.....

*Other leaflet*.....

*Live in or near Tunbridge Wells, previous knowledge* .....

**Q4 Did you buy anything from the Museum's sales area?**

Yes .....  Continue with Q5

No .....  Go to Q6

**Q5 What did you purchase? (Place an X in each box that applies).**

*Postcards* .....

*Books* .....

*Other souvenirs*.....

**Q6 What is the total number of people in your party today?**

Adults.....

Children .....

**Q7 Approximately how long did you spend in the Museum and Art Gallery?**

Please enter as minutes.....

**Q8 Did you visit specifically for the Gallery Exhibition?**

Yes.....  No .....

## Please continue overleaf

**About previous visits**

**Q9 Have you visited the Museum and Art Gallery before?**

Yes .....  Continue with Q10  
 No .....  Go to Q11

**Q10 Approximately how often do you visit? (Place an X in one box only).**

Several times a year .....   
 More than once a month .....   
 Monthly .....   
 Annually .....   
 Less than annually .....

**About yourself**

**Q11 Where do you normally live?**

Town .....   
 Country ..   
 Postcode.

**Q12 Which town/place have you come from today, to visit the Museum?**

**Q13 Are you?**

Male .....  Female .....

**Q14 What was your age on your last birthday?**

**Q15 Which national newspaper(s) do you read? (Place an X in each box that applies).**

*The Times* .....  *The Mirror* .....   
*Daily Telegraph* ..  *The Sun* .....   
*The Independent*  *Daily Mail* .....   
*The Guardian* .....  *The Express* .....

**Q16 Do you have any long-standing illness, disability or infirmity?**

Yes .....  Continue with Q17  
 No .....  Go to Q18

**Q17 Does this illness or disability limit your activities in any way?**

Yes .....   
 No .....

**Q18 To which of these groups do you consider you belong? (Place an X in one box only).**

*White British* .....   
*White Irish* .....   
*Any other White background* .....   
*Caribbean* .....   
*African* .....   
*Any other Black background* .....   
*White and Black Caribbean* .....   
*White and Black African* .....   
*White and Asian* .....   
*Any other Mixed background* .....   
*Indian* .....   
*Pakistani* .....   
*Bangladeshi* .....   
*Any other Asian background* .....   
*Chinese* .....   
*Other ethnic group* .....

*If other ethnic group, please specify:*

**Please provide your name and address if you would like to join our mailing list to receive information from Tunbridge Wells Museum and Art Gallery about future exhibitions and events.**

Name .....   
 Address .....   
 Street .....   
 Village/Town .....   
 County .....   
 Country .....   
 Postcode .....