



**TUNBRIDGE WELLS MUSEUM AND ART GALLERY VISITOR SURVEY**

Please place a tick in each box using a black pen

**Q1 Where do you normally live?**

Town.....

Country .....

Postcode ....

Approximately how many miles have you travelled from home to Tunbridge Wells? ...

**Q2 Where have you come from today, to visit the museum?**

Information given above is for the sole purpose of this survey, and will only be used for identifying geographical responses. No data will be made available to any third party.

**Q3 What was your MAIN method of transport when travelling to the museum today?**

On foot.....  Bus / Coach.....  Bike.....

Train .....  Car .....  Motorbike.....

**Q4 Have you visited the Museum and Art Gallery before?**

Yes.....  *Continue with Q5* No .....  *Go to Q7*

**Q5 If Yes, when was the last time you visited?**

Within the last month.....  Last 2-3 months.....

Last 4-6 months.....  Over 6 months ago.....

**Q6 Approximately how often do you visit?**

Several times a year.....  More than once a month.....

Monthly.....  Annually.....

Less than annually .....

**Q7 How did you hear about the Museum?**

Live in Tunbridge Wells, always known about it .....  Museum and Art Gallery leaflet.....

Passing by.....  Tourist Information Centre.....

Museum Website.....  Visiting the library.....

Word of mouth.....  Newspaper .....

Magazine .....  Leaflet.....

If Newspaper, Magazine and / or Leaflet, please specify

**Q10 What type of gallery exhibition do you like?**

Work by local artists.....

Society or group exhibitions.....

Photography.....

Craft .....

**Q11 Approximately how long did you spend in the Museum and Art Gallery?**

**Q8 Please look at the list below and rate your degree of satisfaction for the following, based on this visit.**

	Very Poor				Excellent
Access to the Museum and Art Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access within the Museum and Art Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Direction Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helpfulness and politeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum sales area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the Museum displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of Museum displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9 Please look at this list of museum displays below and rate your degree of satisfaction for the presentation of the following based on this visit.**

	Very Poor				Excellent
Local history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dolls and toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunbridge ware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General bygones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify if you have any other comments about the displays

**Q10 (continued)**

Pictures from museum's collection.....

Touring exhibitions from national galleries.....

Sculpture.....

Other.....

If Other, please specify

**Q12** If the Museum and Art Gallery could be open longer, which would be most convenient to you for a visit?

	9.30 - 1.00	1.00 - 5.00	5.00 - 8.00
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13** Did you buy anything from the Museum's sales area?

Yes .....  *Continue with Q13a* No .....  *Go to Q14*

**Q13a** If Yes, What did you purchase?

Postcards .....  Books .....   
 Other Souvenirs .....

**Q13b** Approximately how much did you spend today while in the Museum and Art Gallery?

£.

**Q14** What do you particularly like / dislike about the Museum?

**Q15** What do you particularly like / dislike about the Art Gallery?

**Q16** Do you visit other Museums and Art Galleries?

Yes .....  *Continue with Q16a* No .....  *Go to Q17*

**Q16a** If Yes, how often

Rarely .....  Once a year .....   
 2-3 times a year .....  4-5 times a year .....   
 6+ times a year .....

**Q17** Including yourself, how many MALE members were in your party and what age groups are they? (Please tick one box according to age).

	1	2	3	4	5	6+
0-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18** Including yourself, how many FEMALE members were in your party and what age groups are they? (Please tick one box according to age).

	1	2	3	4	5	6+
0-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q19** What is the total number of people in your party today? (Please write the number in the box(es) below).

Adults .....

Children .....

**Q20** Are you registered disabled?

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

**Q21** How likely are you to visit the Museum and Art Gallery again?

Very likely .....  Likely .....

Not very likely .....  Don't know .....

**Q21a** If you answered Not very likely, please specify why?

**Q22** How do you think the Museum and Art Gallery could be improved?

Please provide your name and address below if you would like to receive information from Tunbridge Wells Museum and Art Gallery about future Exhibitions, Events, and Special Offers.

Name

House name and or number

Village, Town or City

County or State

Postcode or ZIP code

Country

**Thank you for your time in completing this questionnaire**