

This survey is in Test Mode. Your responses will not be recorded.

MOG VISITOR EXPERIENCE SURVEY

Questions that require an answer are marked with *

Please complete this visitor survey if you have recently visited Museum of Glass. We are curious to see how you enjoyed all aspects of your experience here at the Museum.

1 *Please indicate the date and time of your visit.

Date (MM/DD/YYYY)

Time (HH:MM AM/PM)

2 Where are you visiting us from?

City/Town

State/Province

ZIP/Postal Code

Country

3 *How many times have you visited Museum of Glass?

- ☐ First time
- ☐ 2-4
- ☐ 5-8
- ☐ 9-11
- ☐ Over 12

4 *How did you hear about Museum of Glass?

- ☐ Word of Mouth
 - ☐ Television
 - ☐ Radio
 - ☐ Poster or Flier
 - ☐ Newspaper or Magazine Article
 - ☐ Advertisement
 - ☐ Facebook/Twitter
 - ☐ Other
-

5 Please rate the following:

	Very Poor	Not Impressed	Average	Pretty Good	Wonderful!	N/A
Exhibitions/Galleries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot Shop experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theater presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studio activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor art installations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Museum Store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cafe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 What suggestions do you have for ways that we can improve?

- ☐ No improvements necessary
- ☐ More art on display
- ☐ Allow photography everywhere in the Museum
- ☐ More work by a specific artist

What artist would you like to see Museum of Glass display?

7 Has the Museum of Glass staff been friendly and helpful during your

visit?

Terrible Lukewarm Pretty Perfect!
Good Superbly
Helpful!

Please rank the overall service.

☐ ☐ ☐ ☐

What specific qualities would you like to comment upon?

8 Would you consider becoming a member?

- ☐ Yes
☐ No

If so, what benefit would be most enticing?

9 *Would you recommend Museum of Glass to a friend?

- ☐ Yes
☐ No

10 Please indicate any additional comments you have. We love feedback!

Submit