



### VISITOR'S QUESTIONNAIRES

Thank you for visiting our museums. We are continuously seeking ways to improve our museum services for everyone. Your comments will help us to continue to serve you better in the future.

#### Personal Details

Please tick ( / ) in the appropriate box

1. Name : \_\_\_\_\_
2. Country : \_\_\_\_\_
3. Telephone No / Mobile : \_\_\_\_\_
4. Email : \_\_\_\_\_

5. Age Group
- |                                  |                                       |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 15 - 19 | <input type="checkbox"/> 40 - 49      |
| <input type="checkbox"/> 20 - 29 | <input type="checkbox"/> 50 and above |
| <input type="checkbox"/> 30 - 39 |                                       |

6. Gender
- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

7. Ethnic
- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Malay   | <input type="checkbox"/> Indian                        |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Others (please specify) ..... |

8. Education Level
- |  |   |
|--|---|
| <input type="checkbox"/> Primary         | <input type="checkbox"/> Upper Secondary      |
| <input type="checkbox"/> Lower Secondary | <input type="checkbox"/> College / University |

9. Occupation
- |  |  |
|--|--|
| <input type="checkbox"/> Management & Professional | <input type="checkbox"/> Self - employed             |
| <input type="checkbox"/> Student                   | <input type="checkbox"/> Others (please state) ..... |
| <input type="checkbox"/> House Wife                |  |

10. Is this your first visit to this museum

☐ Yes ☐ No

11. If not, please state the last museum you have visited :-

Museum : \_\_\_\_\_

12. You came here with :-

<input type="checkbox"/> Alone	<input type="checkbox"/> Guided Tours
<input type="checkbox"/> Friends	<input type="checkbox"/> Others (please state).....
<input type="checkbox"/> Family	



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**Visitor Feedback**

Please tick ( / ) in the appropriate box

**13. I'm Aware of this museum through**

- |   |   |
|---|---|
| <input type="checkbox"/> Printed Media    | <input type="checkbox"/> Signage                      |
| <input type="checkbox"/> Electronic Media | <input type="checkbox"/> Others (Please specify)..... |
| <input type="checkbox"/> Pamphlet         |   |

	Worse	Not Interesting	Average	Interesting	Excellent
<b>14. Gallery / Exhibition</b>					
i. Exhibition Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Labels / Caption / Texts Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Collections / Artifacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Multimedia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Facilities</b>					
i. Car Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ticket Counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Signages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Disable People Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Service</b>					
i. Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. User Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Are you generally satisfied with your visit here?**☐ Yes ☐ No**18. Would you like to be informed about our activities in the future)**☐ Yes ☐ No**19. Preferred method of contact**Telephone ☐ Email ☐ SMS ☐**Suggestions / Comments**

Office use only :

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