

MY RECENT VISIT

* How did you feel immediately after your visit?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very anxious | Slightly anxious | Ok | Fairly happy | Brilliant |
| <input type="radio"/> |

* Was this your first trip to a cultural venue (e.g. a theatre, concert hall, museum or gallery) since venues closed in March 2020?

Yes No

Who did you attend with?

- | | |
|--|--|
| <input type="checkbox"/> By myself | <input type="checkbox"/> Other family |
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Children or grandchildren | <input type="checkbox"/> Organised group |
| <input type="checkbox"/> Parents or grandparents | |

* Did you attend a seated event?

Yes - with social distancing Yes - without social distancing No

SOCIAL DISTANCING

Please tell us how far you agree or disagree with the following statement:

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I would feel comfortable returning to a similar event without socially distanced seating | <input type="radio"/> |

Do you have anything else you'd like to tell us about your socially distanced experience?

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YOUR VISIT

Please tell us to what extent you agree or disagree with the following statements?

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I felt confident that the venue had measures in place to keep me safe | <input type="radio"/> |
| I was able to forget about safety and simply enjoy myself | <input type="radio"/> |
| This visit has made me more likely to come to other cultural events | <input type="radio"/> |
| There was a great atmosphere | <input type="radio"/> |

Was there anything you felt we could have done to make you feel more safe and comfortable?

SAFETY MEASURES IN PLACE

How would the following measures, if in place at a cultural organisation (regardless of current government restrictions), affect your likelihood of attending another event or venue NOW?

| | Much less likely to attend | Less likely to attend | Neutral | More likely to attend | Much more likely to attend |
|---|----------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| All audiences / visitors required to wear masks throughout the venue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| All audiences / visitors required to wear masks - apart from when seated to watch a performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Audiences / visitors <u>not</u> required to wear masks at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Showing proof of vaccination, a negative Covid test or proof of anti-bodies to attend | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Capacity limited to maintain distance between parties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| All restrictions removed and the venue operated as it was pre-Covid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do you have any other comments to make about this?

MY EXPERIENCE

If you were reviewing the performance, experience or exhibition, how many stars would you give it?

★ ★ ★ ★ ★

How likely is it that you would recommend us to a friend or colleague?

Not at all likely

Extremely likely

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

Is there anything else you'd like to tell us about your visit that you think we should know?

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ABOUT ME

These questions are optional but they will help us understand the profile of our attenders more accurately.

I am...

- | | |
|-----------------------------|---|
| <input type="radio"/> 15-19 | <input type="radio"/> 55-64 |
| <input type="radio"/> 20-24 | <input type="radio"/> 65-74 |
| <input type="radio"/> 25-34 | <input type="radio"/> 75+ |
| <input type="radio"/> 35-44 | <input type="radio"/> I'd prefer not to say |
| <input type="radio"/> 45-54 | |

How would you describe your ethnic origin?

- | | |
|---|---|
| <input type="radio"/> Asian or Asian British | <input type="radio"/> White: British |
| <input type="radio"/> Black or Black British | <input type="radio"/> White: Other |
| <input type="radio"/> Mixed: multiple ethnic background | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (please specify) | |

I would describe my gender as...

- | | |
|------------------------------|---|
| <input type="radio"/> Female | <input type="radio"/> In another way |
| <input type="radio"/> Male | <input type="radio"/> I'd prefer not to say |

Do you identify as a D/deaf or disabled person, or have a long-term health condition?

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

Have you received a Covid-19 vaccine?

Yes, I've received 2 doses

No, but I am in an eligible group

Prefer not to say

Yes, I've received my first dose

No, I'm not yet in an eligible group

My home postcode is

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