

**SQUARE PEG - AUDIENCE SURVEY**

Thank you for attending this exhibition. This survey will be used to see what you thought, to help us understand what we're doing well, and where improvements need to be made in the future.

1. **How far would you disagree or agree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| “This exhibition… | **Strongly disagree** | **Disagree** | **Neither disagree nor agree** | **Agree** | **Strongly agree** |
| …was an enjoyable experience | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| …made me feel more connected with the stories of Hull and its people | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| …showed me that there is more to Hull than I expected | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| …challenged my understanding of art | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. **How did you hear about this event?**
2. **What was your motivation to attend this event?**
3. **Generally speaking, do you think there is a lot of prejudice in Britain against disabled people?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  None | Hardly any |  A little | A lot | Don’t know |
| 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. **Would you say your view of individuals who identify as disabled was positive or negative before attending this exhibition?**

|  |  |  |  |
| --- | --- | --- | --- |
| Very negative | Negative | Positive | Very positive |
| 🞏 | 🞏 | 🞏 | 🞏 |

1. **In light of your response to the above question, would you say that attending this exhibition has caused you to have a different view of disabled people?**

|  |  |  |  |
| --- | --- | --- | --- |
| More negative | Stayed the same | More positive | Much more positive |
| 🞏 | 🞏 | 🞏 | 🞏 |

1. **Aside from today, in the last 12 months have you attended an event at Artlink on Princes Avenue?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 🞏 | Yes  | 🞏 | No  | 🞏 | Don’t remember |

1. **Please share any further comments you have about this exhibition below.**
2. **Are you planning to attend or take part in other events or activities programmed for Hull UK City of Culture 2017?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Yes  | 🞏 | No | 🞏 | Not sure |  |

1. **What is your post code?** (If you live outside the UK, please write country of residence)
2. **How would you define your gender?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🞏 | Male | 🞏 | Gender non-conforming | 🞏 | Transgender |  |
| 🞏 | Female | 🞏 | Prefer not to say  |  |  |

1. **How would you define your ethnic background?** (Please Circle)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White:** BritishIrishPolish | **Mixed/multiple ethnic groups:** White and Black CaribbeanWhite and Black AfricanWhite and Asian | **Asian/Asian British:** BangladeshiIndianPakistaniChinese | **Black/African/****Caribbean/Black British:** AfricanCaribbean | **Other:** Arab |
| Any other white background: | Any other mixed/multiple ethnic groups: | Any other Asian: | Other: | Any other ethnic background:Prefer not to say |

1. **Which of the following age groups do you fall into?**

🞏 Under 6 years 🞏 6-10 years 🞏 11-15 years 🞏 16-17 years

🞏 18-19 years 🞏 20-24 years 🞏 25-29 years 🞏 30-34 years

🞏 35-39 years 🞏 40-44 years 🞏 45-49 years 🞏 50-54 years

🞏 55-59 years 🞏 60-64 years 🞏 65-69 years 🞏 70-74 years

🞏 75+ years 🞏 Prefer not to say

1. **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes – limited a lot | 🞏 | Yes – limited a little |
| 🞏 | No | 🞏 | Prefer not to say |

1. **Would you be happy for Hull 2017, the University of Hull or their official evaluation partners to contact you to take part in future research?**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Yes | 🞏 | No  |

1. **If you answered yes to question 16, please provide your contact details below?**
(Your details will not be used for any other purposes other than those stated)

|  |  |
| --- | --- |
| **Name:** |  |
| **Email address:** |  |
| **Telephone number:** |  |