

everyBODY dance

Audiences Survey

We hope you enjoyed watching the performance. Your feedback is really important to us and helps inform the development of future work as well as helping us fundraise so we can offer more projects like this. Your feedback is also important to the funders of this project.

Please could you fill in the survey below and return to by

Name (optional).....

Q1 How old are you?

6 – 11 yrs	<input type="checkbox"/>	12 – 15 yrs	<input type="checkbox"/>	16 - 19 yrs	<input type="checkbox"/>	20 – 24 yrs	<input type="checkbox"/>
25 - 39 yrs	<input type="checkbox"/>	40 – 55 yrs	<input type="checkbox"/>	56 – 64 yrs	<input type="checkbox"/>	Over 64 yrs	<input type="checkbox"/>

Q2 Are you male or Female?

Male Female

Q3 Do you consider yourself to have a disability?

Yes No Not sure

Q4 How would you rate your experience of the performance? (Please circle the number on the scale which best fits your experience).

1	2	3	4	5
Poor				Fantastic

Q5 Can you explain brief reasons for your rating here – tell us in words what you thought about the performance?

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Q6 If you are a parent/carer of one of the performers, please could you tell us briefly what, if any, impact taking part in the project has had on them.

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Q7 Have you, or your child, watched or taken part in an everyBODY dance project or performance before? If yes, could you briefly give details.

Yes No

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Q8 Do you attend arts (eg theatre, galleries, festivals, exhibitions, outdoor performance) events, performances, workshops or classes, either as an audience member or participant? Please place a cross in the relevant boxes.

As an Audience Member

- Yes, I attend an arts event or performance at least once a month.
- No, I rarely attend other arts events.

As a Participant

- Yes, I participate in an arts class, project or group on a regular basis.
- No, I never participate in an arts class, project or group.

Q9 Do you have any other comments about the project and performance?

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A BIG THANKS FOR FILLING THIS IN.