

# VISITOR SURVEY

The information gathered in this questionnaire will be used to improve our services to you. Your time in responding is greatly appreciated. Thankyou.

## Which site were you visiting today?

- CMAG     Calthorpes' House     Mugga Mugga  
 Lanyon     Nolan Collection Gallery @ CMAG

Date of visit:        /    /        Time of visit:        :        AM/PM

## Have you visited this attraction before?

- No         Yes, but rarely         Yes, sometimes         Yes, often

How did you hear about this attraction? Please tick all boxes that apply and write any additional information in the space provided.

- TV         Newspaper         Magazine/Tourist Publication  
 Radio     Calendar/Brochure     Canberra Visitors Centre  
 Online     Word-of-Mouth         Signage

Are you aware of our website at [www.museumsandgalleries.act.gov.au](http://www.museumsandgalleries.act.gov.au)?

- Yes         No

Please indicate below how you would rate your experience today.  
Use the second checkbox to rate your experience of the cafe.

- |  |           |
|--|-----------|
| <input type="checkbox"/> <input type="checkbox"/> Very satisfied   | ★ ★ ★ ★ ★ |
| <input type="checkbox"/> <input type="checkbox"/> Satisfied        | ★ ★ ★ ★ ☆ |
| <input type="checkbox"/> <input type="checkbox"/> Indifferent      | ★ ★ ★ ☆ ☆ |
| <input type="checkbox"/> <input type="checkbox"/> Unsatisfied      | ★ ★ ☆ ☆ ☆ |
| <input type="checkbox"/> <input type="checkbox"/> Very unsatisfied | ★ ☆ ☆ ☆ ☆ |

Survey continues on reverse, please see over.



If you were dissatisfied with any aspect of your visit today, could you please specify below:

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What aspects of your visit did you find particularly satisfactory?

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If you visited with others today, who were they?

- Friends     Family     Partner     Colleagues  
 Special Interest Group

Please tick your appropriate age group and gender:

- 15-24     25-44     45-60     60+     M     F

If you have any comments/suggestions to make, please write them here:

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Please write your suburb/city/town, post code and state in the space provided. If you are from overseas, please provide your country instead.

SUBURB/CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

If you wish to be placed on our mailing list to receive more information about ACT Museums and Galleries programs and exhibitions, please record your email address below.

EMAIL: \_\_\_\_\_

*Thankyou for participating in this survey.*

*Please hand the completed form to a staff member or place in the box provided.*

*All information will be kept confidential. ACT Museums and Galleries are part of the Cultural Facilities Corporation which is an ACT Government Agency.*