

Visitor Experience Questionnaire 2018

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| **About you and your party** | | | | | |
| How many people visited the attraction? Please indicate numbers and age range in the boxes below. For under 16s, please show the exact ages if possible. | | | | | |
| 0 – 4 | 5 – 15 | 16 – 24 | 25 – 44 | 45 – 64 | 65 + |
|  |  |  |  |  |  |
| Did your party include a wheelchair user or a pushchair? | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Museum being assessed** | | | | | | |
| Name of museum | |  | | | | |
| Virtual visit | | | Telephone enquiry | | Actual visit | |
| Day/Date | Time | | Day/ Date | Time | Day/ Date | Time |
|  |  | |  |  |  |  |
| Email enquiry | | | Date and time sent |  | | |
| Date and time reply received |  | | |

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| **Pre-visit** | | | |
| 1. How good is the attraction's web site? How easy is it to find and is the information accessible, useful and well presented? Are they using social media such as Twitter, Facebook or others? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good is the attraction’s promotional material? Does it make you want to visit? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the response to your telephone enquiry? Was it handled well and was accurate information given? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the response to your email enquiry? Was it handled quickly and was useful information given? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. Can you reach the attraction by public transport? Use any of the resources above to find out. | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |

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| **Arrival** | | | |
| 1. How did you travel to the attraction? | |  | |
| 1. If you used public transport, how easy was your journey? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. If you travelled by car, how good was the attraction's approach signage? Did it help make the attraction easy to find? How easy was it to park your car? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. What was your first impression of the attraction, considering physical factors such as environment, branding, signage and lighting? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. What was your first impression of the attraction considering people factors? Were you welcomed by a member of staff? How welcome were you made to feel? Were staff professional and well presented? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. What was your impression of the reception desk? If you asked a question, how was it handled? Were you offered any verbal or printed information to guide your visit? Did anyone mention Gift Aid or donations? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |

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| **The visit** | | | |
| 1. What was your impression of the attraction? Was it clean, tidy, well lit and inviting? | | | |
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| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the overall experience including the exhibitions and interpretation? Please comment on the objects, the collection, the display and labelling. What was your favourite part? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the overall experience for engaging with children & families? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. Which types of visitors do you think would enjoy this attraction the most and why? | | | |
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| --- | --- | --- | --- |
| **Facilities and services** | | | |
| 1. How good were the toilet/changing and other facilities? | | | |
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| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How accessible did the attraction seem for wheelchair users and pushchairs? Did it seem to cater for visitors with other needs, e.g. visual or hearing impairment? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the shop's layout and presentation? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the shop's merchandise and pricing? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the café? Was it clean, well presented, inviting and friendly? (If the attraction doesn’t have a café, could the staff advise of one close by?). | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |
| 1. How good was the café's food and drink? Was there a good range of quality food at affordable prices? | | | |
|  | | | |
| Very good ☐ | Good ☐ | OK ☐ | Poor ☐ |

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| **Summary** |
| 1. Please summarise what was good about the attraction and what could be improved. What was the highlight of your visit? |
| The things I liked:  1  2  The things I think you could improve on:  1  2 |
| 1. **Action plan** – starting with the most important, please list up to 5 things that the attraction could do to improve the experience for visitors |
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

Thank you for taking part! We hope you enjoyed your visit.

Please submit the fully completed questionnaire by e mail to:

[janet@janetsimmonds.com](mailto:janet@janetsimmonds.com) by **28 September 2018** in order that all sites receive their feedback on time.