

Families in Art Museums: ONSITE INTERVIEW

The first thing I'd like you to do is to use these picture cards to recreate your visit today. Each card represents a gallery you may have spent time in, or an activity you may have done. Put them in order for me representing your visit—in order of what you did.

	1 (Orig)	2 (Spur)
1 st		
2 nd		
3 rd		
4 th		
5 th		
6 th		
7 th		
8 th		
9 th		
10 th		
11 th		
12 th		
13 th		

Visitor ID: _____

Date: _____

Time Interviewed: _____

Group Composition: _____

YOUR MUSEUM VISIT EXPERIENCE

1. Including this visit, how many times have you visited the *High Museum of Art* in the last 12 months?

While alone _____ times None
 With other adult(s) only _____ times None
 With child(ren) _____ times

2. How many times have you visited other museums in the last 12 months?

Art museums _____ times None
(not the High)
 Children's museum _____ times None
 History museum _____ times None
 Science museum _____ times None
 Zoos & aquaria _____ times None

3. Do you currently have a membership...

	Yes	No
...at the High Museum?	<input type="checkbox"/>	<input type="checkbox"/>
...at another museum?	<input type="checkbox"/>	<input type="checkbox"/>

4. Why did you come to the *High Museum of Art* today?

5. While you were at the *High Museum of Art* today, did you pick up and/or use any of the following items?

	No	Pick Up	Use
Audio Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Exhibition Brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery Backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Over the last 12 months, how often have you participated or used the following family programs:

Toddler Thursday	_____	times
Saturday Studio	_____	times
Second Sundays	_____	times
Family Fun Days	_____	times
Other: _____	_____	times

YOUR INTEREST IN ART

7. I'm going to read you six statements. For each one, please tell me whether or not it describes you by answering Yes or No.

	Yes	No
I create art for my own enjoyment.	<input type="checkbox"/>	<input type="checkbox"/>
I have participated in art enrichment classes in my free time. (e.g., art-making, lectures, gallery talks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
I have taken 2 or more art courses in school.	<input type="checkbox"/>	<input type="checkbox"/>
I have an art-related degree.	<input type="checkbox"/>	<input type="checkbox"/>
I create art professionally.	<input type="checkbox"/>	<input type="checkbox"/>
I work or have worked in an art-related field.	<input type="checkbox"/>	<input type="checkbox"/>

8. How often did you visit museums as a child?

- Never
- Maybe once
- Occasionally
- Often

YOUR GREENE FAMILY LEARNING GALLERY EXPERIENCE

9. Had you heard about the *Greene Family Learning Gallery* before today?

- Yes
- No

10. Including this visit, how many times have you been to the *Greene Gallery* in the last 12 months?

_____ times

11. Why did you go to the *Greene Gallery* during your visit to the museum today?

Tell us about yourself

12. Who are you visiting the museum with today?
List everyone in your group, including yourself.

	Sex	Age
1. MYSELF _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
OTHERS: [Please indicate relationship to you – i.e. husband, friend, daughter, mother, etc.]		
2. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
3. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
4. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
5. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
6. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
7. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
8. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
9. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
10. _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____

13. What is your ethnic origin?

[Check all that apply]

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American
- Other (please describe) _____

14. Please indicate your educational background:

- Some high school
- High school graduate
- Some college
- College degree
- Some graduate work
- Graduate degree
- Other (please describe) _____

15. What is your zip code?

[If outside of U.S., please indicate country]

_____ Zip Code

Please provide us with YOUR CONTACT INFORMATION

In order for us to contact you to complete the second part of this research study, we need some additional information from you.

Name: _____

Email: _____

Phone: _____

This number is for my: Home Work Cell