

# 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 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		
6 <sup>th</sup>		
7 <sup>th</sup>		
8 <sup>th</sup>		
9 <sup>th</sup>		
10 <sup>th</sup>		
11 <sup>th</sup>		
12 <sup>th</sup>		
13 <sup>th</sup>		

Visitor ID: \_\_\_\_\_

Date: \_\_\_\_\_

Time Interviewed: \_\_\_\_\_

Group Composition: \_\_\_\_\_

## YOUR MUSEUM VISIT EXPERIENCE

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

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

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

Art museums \_\_\_\_\_ times  None  
*(not the Speed)*  
 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 Speed Museum?	<input type="checkbox"/>	<input type="checkbox"/>
...at another museum?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	No	Pick Up	Use
Gallery Activity Backpacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Five Easy Pieces</i> Family Fun Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Museum Map & Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gallery Guides (3 versions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art Collectors Cards	<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:

Family Days	_____	times
Family Studio Days (artist-in-residence)	_____	times
Weekend Guided Tours	_____	times
Summer Art Camp	_____	times
Wee One Wednesdays	_____	times
Discovery Cases		
Other: _____	_____	times

## YOUR INTEREST IN ART

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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 ART SPARKS EXPERIENCE**

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**9. Had you heard about *Art Sparks* before today?**

- Yes
- No

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

\_\_\_\_\_ times

**11. Why did you go to *Art Sparks* 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. <b>MYSELF</b> _____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
<b>OTHERS:</b> [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