

PARTICIPANT SURVEY



Please tell us about your experience. We appreciate your time.

Date: _____ Event: _____ What is your zip code? _____

A. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
1. I felt welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I enjoyed the experience overall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I learned something new.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I talked with someone new about something meaningful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I talked or listened to someone with different views from mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I intend to learn more about a topic from this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I imagine I'll keep discussing a topic from this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My behaviors or actions may change because this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in this project:

	No	Somewhat	Mostly	Yes	N/A
1. Felt relevant to my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helped me think about important ideas and/or concepts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helped me feel confident to participate in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Made me more interested in a topic or theme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Made me want to participate in a project like this again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Developed my comfort level with this kind of experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Allowed me to think differently about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Do you have any comments about this project or topic? If so, please let us know!

D. What language(s) do you speak at home? (Please mark all that apply.)

- English Spanish Portuguese Chinese Haitian Creole
 Vietnamese Arabic Khmer Russian Cape Verdean Creole
 Korean Armenian French Albanian Other _____

E. This project was paid for in part by tax dollars. Was the money well spent?

- no yes

F. If you would like to receive Mass Humanities' email, please complete below:

- Humanities eNews (monthly) Mass History News (occasional) Mass Humanities Newsletter (annual)

- Event Announcements by Region – select: Berkshire CT Valley Central Metrowest Boston
 Greater Boston Northeast Southeast Cape & Islands

Name: _____ City: _____

Email: _____