Visitor Survey

Help us learn more about your experience today! Answer these four questions:

How old are you? _______________________

How much did you like this program or activity? (with frown face to smiley face)

Not so much  A little  A lot

What did you like most about this program or activity? (write or draw a picture)

Fill in the blanks to tell us what you learned:
“Before visiting this exhibit, I thought______________________________________________
...but now I think______________________________________________________________.”

Fill in the blanks to tell us what you learned:
“Before visiting this exhibit, I thought______________________________________________
...but now I think______________________________________________________________.”