## **Museum Visitor Satisfaction Questionnaire**

| Dear | Valued  | l Visitor       |
|------|---------|-----------------|
| Doar | v aruce | 1 1 1 2 1 1 0 1 |

| Thank you for visiting our museum.    | We strive to provide th | e best experience   | possible and | would |
|---------------------------------------|-------------------------|---------------------|--------------|-------|
| greatly appreciate your feedback. Ple | ease take a few moment  | ts to complete this | questionnai  | re.   |

| greatly appreciate your feedback. Please take a few moments to complete this questionnaire. |
|---|
| Name:   |
| Date of Visit:  |
| Overall Satisfaction:<br>Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied    |
| Would you recommend our museum to others? Yes No  |
| Additional Comments:  |
|   |
| Thank you for your feedback!  |