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|--|--|
| <input type="checkbox"/> Reading & Discussion    | <input type="checkbox"/> Story-Share / Oral Hist / Writing |
| <input type="checkbox"/> Film & Discussion       | <input type="checkbox"/> Art Perf / Exhibit / Workshop     |
| <input type="checkbox"/> Interpretive Exhibit    | <input type="checkbox"/> Civic Engagement / Volunteer      |
| <input type="checkbox"/> Speaker / Panel & Disc. | <input type="checkbox"/> Other: _____                      |

## *War Comes Home: California Reads*

### PARTICIPANT QUESTIONNAIRE

Please take a few minutes to tell us about your overall experience at this program. Your feedback will help us plan and improve future programs.

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

1. On average, how often do you...

(Check the appropriate box)

	This is my first time	Less than once a month	At least once a month
a. use the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. attend public programs at the library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate how much you agree with the following statements. (Check the appropriate box)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. Before attending today's program, I knew a lot about veterans' experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>If you <u>have not</u> served in the military:</b> This program gave me a better understanding of veterans' experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>If you <u>have</u> served in the military:</b> This program addressed important aspects of what it means to be a veteran.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What I learned today made me think differently about veterans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I learned something valuable from this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt a sense of community during today's program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I talked with people I didn't know at today's program (or plan to).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am likely to talk about this event with people who did not attend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Today's program demonstrates that libraries are a valuable community resource.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am likely to attend or recommend library programs like this one in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What did you like best about this program? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Learning about the topic               | <input type="checkbox"/> Participating in the activity(ies) |
| <input type="checkbox"/> Listening to the presentations         | <input type="checkbox"/> Sharing my own experiences         |
| <input type="checkbox"/> Talking with other people who attended | <input type="checkbox"/> Other → <i>specify</i> _____       |

4. What is a **big idea** you've taken away from today's program? \_\_\_\_\_

\_\_\_\_\_

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5. Any suggestions for improving this program? \_\_\_\_\_

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**Please tell us a little about yourself (OPTIONAL & CONFIDENTIAL)**

*Your responses help us understand who attended the program.*

6. What is your gender identification?

☐ Male

☐ Female

7. What is your racial/ethnic heritage? *(Check all that apply)*

☐ African American

☐ Hispanic/Latino

☐ Native American

☐ White/Caucasian

☐ Asian/Pacific Islander

☐ Other → *specify* \_\_\_\_\_

8. What is the highest degree or level of school you have COMPLETED? *(Check one box)*

☐ 8<sup>th</sup> grade

☐ Associate degree

☐ High school graduate / GED

☐ Bachelor's degree

☐ Some college

☐ Master's, Professional, or Doctorate degree

9. What is your age?

☐ Under 15 years

☐ 21 to 30 years

☐ 46 to 60 years

☐ 15 to 20 years

☐ 31 to 45 years

☐ over 60 years

10. Which of the following applies to you? *(Check all that apply)*

☐ I am an active duty, guard, or reserve member

☐ I am a retired service member or veteran (Optional: served from \_\_\_\_\_ to \_\_\_\_\_)  
Year Year

☐ I have a veteran **in my immediate family**

☐ I have a **friend or non-immediate family member** who is a veteran

☐ I do **professional/volunteer work** with veterans

☐ I am **not acquainted with** any veterans

11. How did you hear about this program? *(Check all that apply)*

☐ Word of mouth

☐ Poster/Flyer

☐ Cal Humanities

☐ Facebook/Twitter

☐ TV/radio/newspaper

☐ Other → *specify:* \_\_\_\_\_

☐ Email

☐ Mailing

☐ Website

☐ Library

**OPTIONAL: Please add me to the Cal Humanities email list.**

Name \_\_\_\_\_ Email address \_\_\_\_\_

**Thank you very much for your input!**