

The Wren's Nest Visitor Survey: It's Painless!

1. Hi! Please take a moment to tell us where you're from:

City: _____

State/Country: _____

2. Was this your first time visiting the Wren's Nest? Yes { } No { }

3. How informative was your tour of the Wren's Nest? (please circle one)

Not at all informative

Very informative

1.....2.....3.....4.....5

4. Did you enjoy your tour of the Wren's Nest? (please circle one)

Did not enjoy it

Enjoyed it very much

1.....2.....3.....4.....5

5. Did you see storytelling? Yes { } No { }

5a. If YES, did you enjoy storytelling at the Wren's Nest? (please circle one)

Did not enjoy it

Enjoyed it very much

1.....2.....3.....4.....5

6. Is there anything you would change about the storytelling? If so, please tell us. _____

7. Is there any way we could have improved your visit to the Wren's Nest? _____

8. Anything else you would like to tell us? Don't hold back! _____

{ } I would like to receive the Wren's Nest's quarterly newsletter. Here's my name and email address to make it possible: _____