



AF HEALTH SCREENING INITIATIVE SURVEY

LOCATION:

SCREENING TYPE:

DATE: ____ day, / /20

APPOINTMENT TIME: : AM/PM

MAIN ARTISTIC INTEREST:

OTHER ARTISTIC INTERESTS:

Music

Theater Arts

Dance

Literature

Film/Video

Computer Arts

Visual Arts

Other:

HOW DID YOU HEAR ABOUT AF?:

HOW DID YOU HEAR ABOUT THIS SCREENING?:

DID YOU FIND THE SCREENING BENEFICIAL?

YES NO

HOW DID THE CLINICIANS TREAT YOU?:

VERY WELL OK POORLY

WOULD YOU RECOMMEND THIS PROGRAM TO FRIENDS?:

YES NO

WOULD YOU COME AGAIN?:

YES NO

HOW OFTEN?:

6 MONTHS 12 MONTHS 24 MONTHS

WAS THE TIME OF THIS EVENT CONVENIENT FOR YOU?:

YES NO

- IF NO, BEST TIME:

11AM-1PM 12PM-2PM 1PM-3PM 3PM-5PM

WAS THE DAY OF THE WEEK CONVENIENT FOR YOU?:

YES NO

-IF NO, BEST DAY:

MON TUES WED THURS FRI

WHAT OTHER TYPES OF HEALTH PROGRAMS WOULD YOU LIKE TO SEE?:

AF PROGRAMMING QUESTIONNAIRE

WOULD YOU BE INTERESTED IN ATTENDING AF ARTISTS NETWORKING EVENTS, SHOWCASES, SYMPOSIUMS, OR WORKSHOPS?:

YES NO

BEST TIME?:

5-8PM 6PM-9PM 7PM-10PM 8PM-11PM

BEST NIGHT?:

MON TUES WED THURS FRI

HOW OFTEN?:

MONTHLY EVERY OTHER MONTH

HAVE YOU SEEN AFTV?:

YES NO - IF SO, HOW OFTEN?:

HAVE YOU VISITED OUR WEBSITE?:

YES NO

AF PARTICIPATION: **SUBMIT CONTACT INFO IF INTERESTED

**I AM INTERESTED IN MEMBERSHIP:

YES NO

**I AM INTERESTED IN SPONSORING EVENTS:

YES NO

IF YES, WHAT KIND?:

**I AM INTERESTED VOLUNTEERING:

YES NO

IF YES, WHAT KIND?:

GENERAL INFO: *CONFIDENTIAL: USED FOR STATISTICAL/GRANT WRITING PURPOSES ONLY

*NAME & EMAIL(optional):

*GENDER:

MALE FEMALE TRANSGENDERED

*ETHNICITY/NATIONALITY(optional):

*AGE RANGE:

CHILD TEENS 20-25 25-30 30-40
 40-50 50-60 60-70 70-80 80-90 90+

*AF uses handicap accessible venues. Will you require special facilities at future events?: YES NO MAYBE - If so, what kind?: Elevator/Escalator Sitting/Standing Assistance Other:

ADDITIONAL COMMENTS:

THANK YOU FOR SUPPORTING THE ARTS & THE ARTISTS FORUM!
AF/AFTV: BOX 1645, NYC | info@theartistsforum.org | theartistsforum.org