
Chicago Symphony Orchestra – Family Matinee Survey

Please tell us about your experience at today's concert: Adventures with Aladdin.

Note: This survey is only for adults who attended the concert with at least one child over the age of 5. If you did not attend with at least one child over the age of 5, we thank you for attending, but it is not necessary for you to take the survey.

1. What type of ticket did you hold for today's concert, *Adventures with Aladdin*? (select one)

- Subscription ticket Individual ticket
 Complimentary ticket Other/Not sure

2. Did you attend with a group organized by the CSO's Adventures in Music program (AIM)?

- No Yes Not sure

3. How old are each of the children in your party today? (indicate the age of each child, from youngest to oldest)

Child #1: _____ Child #2: _____ Child #3: _____ Child #4: _____

4. What is your relationship to the child(ren) in your party? (select all that apply)

- Parent or Primary Caregiver Grandparent, Aunt, Uncle, or Other Family
 Friend or Neighbor
 Other (please describe): _____

5. In your own words, what was the main reason why you brought your child(ren) to the concert today?

6. In general, how strongly do you feel about doing activities with your child(ren), either at home or at Symphony Center, in order to enhance their experience at concerts?

- I feel strongly that preparing makes a difference in my child(ren)'s experience of the concert
 I feel somewhat strongly, or have mixed feelings about it
 I don't feel strongly that preparing makes a difference to my children's experience of the concerts

7A. Did you do any activities with your child(ren) prior to the concert, with the specific intention of building their excitement for the concert, or enhancing their learning?

- No Yes [skip to Question 8]

7B. Are there any specific reasons why you didn't engage in any pre-concert activities with your child(ren)? Is there anything the CSO could've done to make it easier?

If you answered this question, skip to Question 9.

8. Which of the following activities, if any, did you do with your child(ren) to prepare in advance for this concert? (select all that apply)

- We participated in the pre-concert activities in the rotunda and Buntrock Hall
- I consulted the *Kidsbook* magazine for information about the program
- I talked with my child(ren) about the upcoming concert program
- I talked with my child(ren) about our upcoming trip downtown (i.e. about the family cultural experience, but not necessarily the concert)
- My child(ren) did one or more of the activities suggested in *Kidsbook*
- We heard a docent talk about the program at one of our Adventures in Music partner locations
- Other (please describe): _____

*If you attended with more than one child today, please answer the next few questions in reference to the **youngest child in your party today over the age of 5.***

9. What is this child's age? _____ **10. Is this child...?** Female Male

11. Was it this child's first time at a CSO Family Matinee concert at Symphony Center?

- No Yes Not sure

12. Has this child previously attended one or more of the CSO's *Once Upon a Symphony* concerts for young children (recommended for ages 3 to 5)?

- No Yes Not sure

13. What was this child's level of excitement or anticipation leading up to the concert? (select one)

| None / Not At All | Low | | Moderate | | High | Not Applicable |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. What contributed most to heightening this child's level of excitement in advance of the concert?

15. Overall, how captivated or absorbed was this child during the concert? In other words, how well did the concert hold his or her attention? *(select one)*

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at All | A Little | | Somewhat | | A Lot | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. At any point before, during or after the concert, did your child have contact with with, or even make friends with, one or more other children that s/he did not know before today?

- No Yes Not sure

Next, please share your opinions about the quality of the concert program.

17. With its family concerts, the CSO strives to strike a balance between programs that are fun/entertaining and programs that are educational. How did we do for this program? Answer in reference to the youngest child in your party over the age of 5. *(select one)*

- Too entertaining, and not educational enough
 Good balance
 Too educational, and not entertaining enough

18. In your opinion, how much did the guest artists (Lookingglass Theatre Company) distract from, or add to, the overall value of the concert experience? *(select one)*

- Distracted a lot Distracted a little Added a little Added a lot

19. Rate your opinion of the program on each of the following elements *(select one for each)*

A. Quality of the design of the artistic program – how well conceived was this program in terms of the selection of pieces, educational content, etc.?

- Poor Fair Good Excellent

B. Quality of the music-making by the conductor and musicians of the CSO

- Poor Fair Good Excellent

C. Quality of support you received from the CSO in maximizing the impact of the program for your child(ren)

- Poor Fair Good Excellent

20. Overall, was your experience at today’s concert better or worse than what you expected?

- Worse than expected The same Better than expected

21. How was your experience at the concert today different than what you expected?

22. To what extent have your experiences at *Family Matinee* concerts served to strengthen your relationships with the children you bring to these concerts? (select one)

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at All | A Little | | Somewhat | | A Lot | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

23. To what extent have your children’s experiences at *Family Matinee* concerts served to expand their musical interests, or awaken an appreciation for classical music? (select one)

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at All | A Little | | Somewhat | | A Lot | Not Applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. In the past year, have you recommended attending a CSO family concert to a friend, colleague or acquaintance?

No Yes I don’t remember

To finish, please answer a few questions about yourself. Your answers are confidential, and will not be used for any sales or fundraising.

25. How knowledgeable are you about classical music? (select one)

Not very knowledgeable Somewhat knowledgeable Very knowledgeable

26. What year were you born? _____

27. Which of the following best describes your racial/ethnic background? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White, non Hispanic |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Two or more races/ethnicities |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other race/ethnicity |

28. What is your home ZIP Code? _____

Thank you for your feedback.

Please return your survey in the enclosed postage-paid envelope.