

**2023**  
**NATIONAL MUSEUM SURVEY**  
**PILOT**  
**REFERENCE GUIDE**



## Instructions

*Thank you for participating in the National Museum Survey pilot!*

This Reference Guide includes the full text of the survey to help you gather the information it requests before completing the survey online.

**Please enter your information in the web survey using the link you received by email.** If you did not receive an email invitation with a link to the web survey, please contact [NMS@air.org](mailto:NMS@air.org).

If you are not the person at your institution who can answer the survey's questions, please forward this document and the survey link to the appropriate person. Copying [NMS@air.org](mailto:NMS@air.org) on your forwarded survey invitation will ensure we direct any future messages to that person.

You do not need to complete the web survey in one session. Your responses are automatically saved each time you change screens. If you close the survey window, you can pick up where you left off using your original link. However, only one person from your institution can be active in the web survey at any given time.

If you have any questions, please contact the survey team at [NMS@air.org](mailto:NMS@air.org).

*Thank you for doing your part to help to establish this vital national resource!*

## Section 1: Background Information

The questions in this section request background information for your institution. Note that we will tailor upcoming survey questions based on your responses, so please complete all questions in this section.

**Q1-1.** Does the following information correctly reflect the name and **physical location** of your institution? If not, please update [the information filled in below] as necessary.

*Physical location refers to the address visitors use to come to your institution.*

Institution name:

Website:

Main phone number:

Address 1:

Address 2:

City:

State:

ZIP Code:

**Q1-2.** Is the mailing address for your institution different from its physical location? If so, please enter the mailing address below.

Address 1:

Address 2:

City:

State:

ZIP Code:

**Q1-3.** To improve your survey-taking experience, please select the term that best represents how we should refer to your institution. We will use this term to personalize questions throughout the web survey.

- Museum
- Aquarium
- Center
- Garden
- Institution
- Organization
- Park
- Site
- Zoo

**Q1-4.** In what year was your institution founded?

Year: \_ \_ \_ \_

**Q1-5.** Does your institution have a **parent institution**?

A **parent institution** may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your operations fall under.

- Yes
- No → **GO TO Q1-7**

**Q1-6.** What is the name and location of your parent institution?

Name:

City:

State:

**Q1-7.** Which category best describes the legal classification of your institution?

- Non-profit organization
- Non-profit college/university
- For-profit company/business → **CONTINUE and then follow instructions below Q2-10**
- For-profit college/university → **CONTINUE and then follow instructions below Q2-10**
- Public college/university (e.g., state college)
- Local government (e.g., municipal, county)
- State/territorial government
- Tribal government
- Federal government
- Other (please specify): \_\_\_\_\_

If your institution does NOT have a parent institution (see Q1-5), skip Q1-8 and go to Q1-9.

**Q1-8.** Can you report **operational data** for your institution only, separate from your parent institution?

**Operational data** include revenue; W-2 employee salary, benefits, and payroll taxes; non-personnel expenses; employee and volunteer counts, etc.

- Yes
- No

**Q1-9.** What is the end date of the most recent **fiscal year (FY)** for which you can report financial data for your institution? Please note: your answer will be referenced by many questions later in this survey.

A **fiscal year (FY)** is the 12-month period for which your institution tracks revenue and expenses for taxes and/or accounting purposes.

FY end month:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

FY end year:

- 2021
- 2022
- 2023

My institution is unable to report for any recent fiscal year → Please contact [NMS@air.org](mailto:NMS@air.org)

For the remaining questions in this survey, please answer for your institution and **not** for your parent institution.

## Section 2: Institutional Characteristics

The questions in this section ask about the characteristics of your institution, such as your annual operating budget, collection(s), discipline(s), location, and number of days open per year.

**Q2-1.** What was the **annual operating budget** for your institution in the fiscal year reported at Q1-9?

*If unsure, please use your best estimate. We will use this information to group responses from similar institutions.*

**Annual operating budget** is an estimate of expenditures for the 12-month fiscal year.

- Less than \$50,000
- \$50,000 – \$249,999
- \$250,000 – \$499,999
- \$500,000 – \$999,999
- \$1,000,000 – \$2,499,999
- \$2,500,000 – \$4,999,999
- \$5,000,000 – \$10,000,000
- More than \$10,000,000

**Q2-2.** Does your institution have any **permanent collections**?

**Permanent collection(s)** are living and/or object collections that are owned by the institution and form the core of its exhibitions, programs, and/or research.

- Yes, permanent living collection(s)
- Yes, permanent object collection(s)
- Yes, permanent living and object collections
- No

**Q2-3.** Which of the following function(s) best describes your institution? *Select all that apply.*

- Provides exhibitions and/or programs
- Provides experiences and/or demonstrations
- Stewards an historic site(s)

**Q2-4.** Which of the following discipline(s) best represents your institution? *Select all that apply.*

- Anthropology museum
- Aquarium
- Arboretum
- Art museum
- Botanical garden
- Children's museum
- General museum
- Historic house and/or site
- History museum
- Natural history museum
- Nature center
- Planetarium
- Science and technology center/museum
- Specialized museum
- Zoo
- Other (please specify): \_\_\_\_\_

**If you only selected one discipline above, skip Q2-5 and go to Q2-6.**

**Q2-5.** What is your institution's primary discipline? *Please select one.*

- Anthropology museum
- Aquarium
- Arboretum
- Art museum
- Botanical garden
- Children's museum
- General museum
- Historic house and/or site
- History museum
- Natural history museum
- Nature center
- Planetarium
- Science and technology center/museum
- Specialized museum
- Zoo
- Other (please specify): \_\_\_\_\_

**Q2-6.** Does your institution serve the public from a fixed physical location that it owns or operates?

- Yes
- No → **CONTINUE and then follow instructions below Q2-10**

**Q2-7.** Under normal circumstances, is your institution open to the public 120 days or more per year through specific hours of operation and/or by appointment?

- Yes
- No → **CONTINUE and then follow instructions below Q2-10**

**Q2-8.** On how many days was your institution open to the public during the most recent fiscal year (FY) for which you can report financial data?

\_\_\_ days

**Q2-9.** Does your institution have one or more full-time employees or full-time volunteers?

- Yes → **GO TO Section 3 on next page unless directed at Q1-7, Q2-6, or Q2-7 to follow instructions below Q2-10**
- No → **CONTINUE TO Q2-10**

**Q2-10.** Does your institution have part-time employees or part-time volunteers whose combined regular working hours are equal to (or greater than) at least one full-time position?

- Yes → **GO TO Section 3 on next page**
- No → **Follow instructions below**

**INSTRUCTIONS:** *If you answered “For-profit” at Q1-7 or “No” at Q2-6, Q2-7, or Q2-10 go to Page 24.*



### Section 3: Facilities

This section asks about your institution’s facilities, including its land and buildings, the size of its buildings and exhibit spaces, and the condition of its facilities.

**Q3-1.** Does your institution own or lease/rent its **facilities**?

*Facilities refer to the land and buildings on which your institution is located.*

- Own
- Lease or rent
- A combination of own and lease/rent
- Other (please specify): \_\_\_\_\_

**Q3-2.** What is the total acreage of the land on which your institution is located?

*Please include all land, including land with buildings, gardens, parking lots, and so forth.*

- \_\_\_, \_\_\_\_, \_\_\_\_ . \_\_ acres
- Don't know

**Q3-3.** What is the total square footage of your institution’s **public** and **non-public** building spaces and the percentage breakdown of each?

*Please estimate to the best of your ability. Report spaces that have both public and non-public uses under the category that best represents their primary use.*

***Public building spaces** allow visitor access and may include reception areas, galleries, indoor exhibit areas, classrooms, public restrooms, theaters, and other spaces available to the public.*

***Non-public building spaces** restrict visitor access and may include offices, breakrooms, staff restrooms, animal holding areas, storage spaces, basements, attics, and other spaces that restrict visitor access.*

Building space	Size	Don't know
Total building space	___, ____, ____ square feet	<input type="checkbox"/>
Percentage of public building space	____.0 %	<input type="checkbox"/>
Percentage of non-public building space	____.0 %	<input type="checkbox"/>

**Q3-4.** What is the total area of your institution’s indoor and outdoor exhibit spaces?

*Please include spaces that house temporary and permanent exhibits; estimate to the best of your ability.*

Exhibit space	Size	Don't know
Indoor exhibit space	___, ____, ____ square feet	<input type="checkbox"/>
Outdoor exhibit space	___, ____, ____ acres or square feet	<input type="checkbox"/>

Q3-5. Which of the following best represents the condition of your institution's **facilities**?

*Facilities refer to the land and buildings on which your institution is located.*

- Facilities easily and readily support their intended uses.
- Facilities provide adequate support for their intended uses. Some minor modifications/updates may be desired to improve their suitability.
- Facilities require limited renovation to support their intended uses on a continuing basis.
- Facilities require significant renovation to support their intended uses on a continuing basis. The space significantly inhibits program delivery.
- Facilities are unsatisfactory and/or not functional for their intended uses.

If you cannot report operational data for your institution separately from any parent institution (that is, if you answered “No” at Q1-8), skip Sections 4 and 5 and go to Section 6, which starts on page 15.

### Section 4: Finances

The next set of questions asks about the total revenue, including earned, investment, grant, and contributed revenue of your institution for the most recent fiscal year (FY) for which you can report financial data. Where applicable, please use your institution’s completed IRS Form 990 filing or annual financial report to help complete this section.

If you cannot report an item for any reason, please check the “Don’t know” box for that item and provide an explanation in the follow-up question. This will help the survey developers better understand how and if that item should appear in future surveys.

**Q4-1.** What was your institution’s revenue for the most recent fiscal year (FY) for which you can report financial data?

*Enter the dollar amount for each category below. Enter 0 for any revenue types that do not apply. Check “Don’t know” if you cannot report an amount for any reason.*

Revenue type	Revenue	Don't know	Definitions
Earned operating revenue	\$ __, ____, ____.00	<input type="checkbox"/>	Earned operating revenue includes education and other program revenue, ticket sales/admissions fees, membership fees, food service revenue, gift shop revenue, publication sales, contracted services and touring fees, rental revenue, sponsorship revenue, and other non-program revenue.
Investment revenue (include all interest, realized, and unrealized gains and losses)	\$ __, ____, ____.00	<input type="checkbox"/>	Operating investment revenue includes bank account interest and any interest and realized or unrealized gains and losses on stocks, bonds, mutual funds, and other investments that are part of the normal business operations of your organization. Non-operating investment revenue includes Interest and realized or unrealized gains and losses on investments that are outside the normal business operations of your organization. Examples may include gains or losses from the sale of property or other investments or investment income that is not part of an annual distribution to operations.
Grant funding	\$ __, ____, ____.00	<input type="checkbox"/>	Grant funding consists of financial awards from public, private, or foundation sources.
Contributed revenue (excluding grant funding)	\$ __, ____, ____.00	<input type="checkbox"/>	Contributed revenue includes donations, non-grant-related public funding, in-kind contributions, parent organization support, and special fundraising events.
Total revenue	\$ __, ____, ____.00		Sum of rows above.

**Q4-2.** Please briefly explain why you selected “Don’t know” in the previous question.

Write-in: [Limit: 500 characters]

**Q4-3.** What were your institution’s total personnel and non-personnel expenses for the most recent fiscal year (FY) for which you can report financial data?

Enter the dollar amount for each category below. Enter 0 for any expenses that do not apply. Check “Don’t know” if you cannot report an amount for any reason.

Expense type	Expense	Don't know	Definitions
W2 employee salaries	\$ __, ____, ____.00	<input type="checkbox"/>	All salaries and wages paid to employees to whom your organization provides an IRS Form W2.
W2 employee benefits and payroll taxes	\$ __, ____, ____.00	<input type="checkbox"/>	All benefits, fringe benefits, and payroll taxes paid on behalf of employees to whom your organization provides an IRS Form W2.
Independent contractors	\$ __, ____, ____.00	<input type="checkbox"/>	Payments to individuals who provide services to your organization under an agreement and outside of an employer-employee relationship. Independent contractors do not have taxes withheld from their wages, and your organization may provide them with an IRS Form 1099.
Professional fees	\$ __, ____, ____.00	<input type="checkbox"/>	Fees paid to third-party companies or organizations for services rendered. Examples may include management, legal, human resources, accounting, lobbying, professional fundraising, or investment management.
Non-personnel expenses	\$ __, ____, ____.00	<input type="checkbox"/>	Examples may include advertising, informational technology, occupancy, interest, depreciation, insurance, or other expenses not related to personnel.
Total	\$ __, ____, ____.00		Sum of rows above.

**Q4-4.** Please briefly explain why you selected “Don’t know” in the previous question.

Write-in: [Limit: 500 characters]

If you cannot report operational data for your institution separately from any parent institution (that is, if you answered “No” at Q1-8), skip Section 5 and go to Section 6, which starts on page 15.

### Section 5: Human Resources

This next set of questions asks for human resources information for your institution, including counts of employees, independent contractors, and volunteers. Please note that some questions ask for information at the *end* of the most recent fiscal year (FY) for which you can report financial data and others ask for information *during* the most recent fiscal year (FY) for which you can report financial data.

**Q5-1.** At the end of the most recent fiscal year (FY) for which you can report financial data, what was the total number of full-time and part-time paid employees, and the total number of full-time and part-time vacant positions, at your institution?

*Please do not include independent contractors or consultants. Also do not include support staff (e.g., security officers) who are not employed directly by your institution or your parent institution.*

Employment type	Employees (headcount)	Vacant/unfilled positions	Definition of employment type
Full-time	---	---	Please report these numbers based on your institution’s definition of full-time employment.
Part-time	---	---	Please report these numbers based on your institution’s definition of part-time employment.

**Q5-2.** What was the total number of **independent contractors** engaged by your institution at the end of the most recent fiscal year (FY) for which you can report financial data?

***Independent contractors** are individuals who provide services for your organization under an agreement and outside an employer-employee relationship. Independent contractors are not paid through your payroll, and they may receive an IRS Form 1099. This does not include companies or firms.*

\_\_\_ independent contractors

**Q5-3.** What was the total number of unpaid **volunteers** at your institution at the end of the most recent fiscal year (FY) for which you can report financial data, excluding board members?

*A **volunteer** is anyone performing work for your organization who is unpaid. Exclude unpaid interns, apprentices, and fellows.*

\_\_\_ volunteers

**Q5-4.** Did your institution offer paid or unpaid internships, apprenticeships, or fellowships during the most recent fiscal year (FY) for which you can report financial data?

- Yes, paid
- Yes, unpaid
- Yes, both paid and unpaid
- No → **GO TO Q5-6 on next page**

**Q5-5.** What was the total number of paid and/or unpaid interns, apprentices, and/or fellows at your institution at the end of the most recent fiscal year (FY) for which you can report financial data?

\_\_\_ interns, apprentices, and fellows

**Q5-6.** Did your institution have a governing body during the most recent fiscal year (FY) for which you can report financial data? *Please only include governing bodies with fiduciary responsibilities (e.g., board of directors).*

Yes

No → **GO TO Q5-8**

**Q5-7.** What was the total number of voting members for your institution's governing body at the end of the most recent fiscal year (FY) for which you can report financial data?

\_\_ voting members of governing body

**Q5-8.** Did your institution have one or more advisory boards at the end of the most recent fiscal year (FY) for which you can report financial data?

*Mark "yes" for any board(s) with non-fiduciary responsibilities (e.g., Friend's Advisory Board, Board of Visitors).*

Yes

No → **GO TO Section 6 on next page**

**Q5-9.** How many advisory boards did your institution have at the end of the most recent fiscal year (FY) for which you can report financial data?

\_\_ advisory boards

## Section 6: Admissions, Visitors, and Outreach

The questions in this section ask about on-site visits to your institution, admission policies, memberships, and partnerships with organizations in the community.

- Q6-1.** What was the total number of **on-site visits** to your institution during the most recent fiscal year (FY) for which you can report financial data? *Count each on-site visit by a group member (e.g., a group of 12 equals 12 visits). Enter “0” if there were no on-site visits for the reporting period.*

**On-site visits** are paid and/or unpaid visits to your institution by individuals and group members for any reason, such as to view collections or exhibits, participate in programming, attend museum-hosted events, attend private events, and so forth.

\_\_\_, \_\_\_\_, \_\_\_ visits

Data not tracked

- Q6-2.** How many groups visited your institution during the most recent fiscal year (FY) for which you can report financial data? *Please report the number of groups, not the number of group members. Enter “0” if there were no on-site visits by groups for the reporting period.*

Group type	Number	Data not tracked
Number of Pre-K–12 groups (e.g., field trips)	___, ___	<input type="checkbox"/>
Number of other visiting groups (e.g., bus tours, senior citizen groups, alumni groups, social clubs, college groups)	___, ___	<input type="checkbox"/>

- Q6-3.** Other than field trips to your institution, did your institution provide any of the following programs or services to Pre-K–12 schools, students, or teachers during the most recent fiscal year (FY) for which you can report financial data?

Program type	Yes	No
School-related programs or services (e.g., in-school programs, lesson plans or materials, programs for homeschoolers); <i>do not count field trips to your institution</i>	<input type="radio"/>	<input type="radio"/>
Out-of-school enrichment programs or services (e.g., camps, afterschool programs, teen programs); <i>do not count field trips to your institution</i>	<input type="radio"/>	<input type="radio"/>
Professional development for Pre-K–12 teachers (e.g., trainings)	<input type="radio"/>	<input type="radio"/>

If number of on-site visits reported in Q6-1 was 0, go to Q6-9 on page 17.

If number of on-site visits reported in Q6-1 was 1 or more, continue to Q6-4.

- Q6-4.** Did your institution charge general admission for any on-site visitors during the most recent fiscal year (FY) for which you can report financial data?
- Yes, some or all visitors were charged a general admission fee
  - No, general admission was free for all visitors → **GO TO Q6-9 on page 17**
  - Not applicable → **GO TO Q6-9 on page 17**

**Q6-5.** What was the price of adult general admission at the end of the most recent fiscal year (FY) for which you can report financial data?

\$ \_\_ . \_\_ adult general admission

**Q6-6.** On how many days during the most recent fiscal year (FY) for which you can report financial data did your institution offer free general admission to all visitors for at least part of the day? *Estimate if you are unsure. Enter "0" if your institution did not offer free admission.*

\_\_ \_\_ free days

**Q6-7.** Did your institution participate in any of the externally sponsored discount programs listed below during the most recent fiscal year (FY) for which you can report financial data?

Externally sponsored discount program	Yes	No
Blue Star Program	<input type="radio"/>	<input type="radio"/>
Museums for All	<input type="radio"/>	<input type="radio"/>
Other economic-based admission programs (e.g., municipal or county-run discount programs) <i>Please describe:</i> _____	<input type="radio"/>	<input type="radio"/>
Other non-economic-based admission programs (e.g., Bank of America first Fridays) <i>Please describe:</i> _____	<input type="radio"/>	<input type="radio"/>

**Q6-8.** Did your institution offer free or discounted general admission to any of the following audiences during the most recent fiscal year (FY) for which you can report financial data as part of its regular admissions policy?

Audience type	Free admission	Discounted admission	Both free and discounted admission	Neither
Active military	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior citizens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social entitlement program participants (e.g., WIC, SNAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers/professors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q6-9.** Did your institution offer a paid membership program during the most recent fiscal year (FY) for which you can report financial data?

- Yes
- No → **GO TO Q6-11**

**Q6-10.** What was your institution's total number of active memberships at the end of the most recent fiscal year (FY) for which you can report financial data? *Please report the total number of memberships, not the number of individuals who are members. For example, count a family or household membership as one membership.*

\_\_\_, \_\_\_ active memberships

**Q6-11.** During the most recent fiscal year (FY) for which you can report financial data, did your institution partner with other organizations in the community?

- Yes
- No → **GO TO Section 7 on next page**
- Don't know → **GO TO Section 7 on next page**

**Q6-12.** Did any of these partnerships address needs in your institution's local community?

- Yes
- No → **GO TO Section 7 on next page**
- Don't know → **GO TO Section 7 on next page**

**Q6-13.** What types of organizations in the local community did your institution partner with to address needs in the local community?

*Please provide broad categories rather than specific projects (e.g., "local government" instead of "the Springfield department of health," "financial institutions" rather than a specific bank).*

Write-in: [Limit: 500 characters]

**Q6-14.** What needs in the local community did your partnerships with other organizations in the community address?

*Please provide broad categories rather than specific projects (e.g., "healthcare" instead of "Covid-19 testing events" or "blood drives"; "meeting space" rather than "Girl Scout troop meetings").*

Write-in: [Limit: 500 characters]

## Section 7: Digital Presence

The questions in this section ask about your institution’s digital presence during the most recent fiscal year (FY) for which you can report financial data.

**Q7-1.** Did your institution have a website during the most recent fiscal year (FY) for which you can report financial data? *If your institution had a web page on your **parent institution’s** website, please select “yes.”*

*A **parent institution** may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your institution’s operations fall under.*

- Yes
- No → GO TO Q7-3

**Q7-2.** What were your institution’s total **website visits** during the most recent fiscal year (FY) for which you can report financial data? *If your institution had a web page on your parent institution’s website, please report visits to just your institution’s web page.*

***Website visits** is the total number of sessions rather than page views.*

\_\_\_, \_\_\_\_, \_\_\_ website visits

Don’t know

**Q7-3.** Did your institution provide **remote digital access** to any of its collections or exhibitions during the most recent fiscal year (FY) for which you can report financial data?

***Remote digital access** refers to making collections and/or exhibitions available via the internet from locations external to the institution. Remote digital access may be provided through online collection catalogs, live-streamed events, online demonstrations, videos, live animal cameras, and so forth.*

Digital access type	Yes	No
Remote digital access to collections	<input type="radio"/>	<input type="radio"/>
Remote digital access to exhibitions	<input type="radio"/>	<input type="radio"/>

**Q7-4.** Does your institution have an account on any of the following social media platform(s)?

Social media platform	Yes	No	Don't know
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LinkedIn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snapchat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TikTok	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vimeo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other platform: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other platform: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only answer Q7-5 for the platform(s) marked “Yes” in Q7-4. If no platforms were marked “Yes” at Q7-4, skip to Q8-1 on next page.

**Q7-5.** How many followers does your institution have on the following social media platform(s)?

Social media platform	Number of followers	Definition
Facebook	___, ____, ___	People who like or follow your Facebook page.
Instagram	___, ____, ___	People who follow your Instagram account.
LinkedIn	___, ____, ___	People who follow your LinkedIn page.
Snapchat	___, ____, ___	People who follow your Snapchat account.
TikTok	___, ____, ___	People who follow your TikTok account.
Twitter	___, ____, ___	People who follow your Twitter account.
Vimeo	___, ____, ___	People who subscribe to your Vimeo page.
YouTube	___, ____, ___	People who subscribe to your YouTube page.
Other: [filled from Q7-4]	___, ____, ___	People who like, follow, or subscribe to your account or page.
Other: [filled from Q7-4]	___, ____, ___	People who like, follow, or subscribe to your account or page.

## Section 8: Diversity, Equity, and Inclusion

The questions in this section ask about diversity, equity, and inclusion plans and practices at your institution during the most recent fiscal year (FY) for which you can report financial data.

**Q8-1.** Does your institution have a written diversity, equity, and inclusion (DEI) plan?

- Yes, we have a written DEI plan
- No, but we are creating a written DEI plan
- No
- Not sure

**Q8-2.** Does your institution provide training to its employees on diversity, equity, and inclusion (DEI)?

- Yes
- No
- Not sure

**Q8-3.** Is your institution's mission rooted in one or more explicitly identified ethnic, cultural, or other demographic identity(-ies)?

- Yes
- No → **GO TO Section 9 on next page**

**Q8-4.** In what ethnic, cultural, or other demographic identity(-ies) is your institution's mission rooted?

Write-in: *[Limit: 250 characters]*

## Section 9: Survey-Taking Experience

This section requests feedback about your experience completing the National Museum Survey pilot. Your responses will inform future administrations of the survey, including helping to ensure that it is user-friendly and meets the needs of institutions like your institution.

- Q9-1.** What, if any, content or questions were missing from the National Museum Survey pilot that you believe could be added for the benefit of those who will use the data, including institutions like your institution?

*When answering, please keep in mind the range of institutions taking the survey, which includes institutions of different sizes and disciplines (e.g., museums of all kinds, historical houses, zoos, botanical gardens, aquariums).*

Write-in: [Limit: 500 characters]

- Q9-2.** How important is it for your institution's information to be represented in the findings from future administrations of the National Museum Survey?

- Very important
- Important
- Slightly important
- Not important

- Q9-3.** How easy or difficult was it for you to complete the National Museum Survey pilot on behalf of your institution?

*Please consider all aspects of taking the survey when answering, from gathering the information requested all the way through to submitting your answers.*

- Very easy
- Easy
- Slightly easy
- Slightly difficult
- Difficult
- Very difficult

- Q9-4.** How many staff at your institution were involved in completing the National Museum Survey pilot?

- 1 (just you)
- 2–3 staff
- 4–5 staff
- More than 5 staff

**Q9-5.** Approximately how much time did it take you and your colleagues to complete the National Museum Survey pilot, including the time spent gathering the requested information?

- 0.5 or fewer hours
- 1.0 hour
- 1.5 hours
- 2.0 hours
- 2.5 hours
- 3.0 hours
- 3.5 hours
- 4.0 hours
- 4.5 hours
- 5.0 hours
- 5.5 hours
- 6.0 hours
- 6.5 hours
- 7.0 hours
- 7.5 hours
- 8.0 hours
- 8.5 hours
- 9.0 hours
- 9.5 hours
- 10.0 or more hours

**Q9-6.** What was the most challenging section of the National Museum Survey pilot for you to complete on behalf of your institution?

- Facilities
- Finances
- Human Resources
- Admissions, Visitors, and Outreach
- Digital Presence
- Diversity, Equity, and Inclusion
- None

**Q9-7.** What questions or instructions, if any, did you find particularly problematic or unclear when you completed the National Museum Survey pilot on behalf of your institution, and why?

Write-in: [*Limit: 500 characters*]

**Q9-8.** How helpful were the definitions provided when answering questions on the National Museum Survey pilot?

- Very helpful
- Helpful
- Slightly helpful
- Not helpful
- Did not use
- Not sure

**Q9-9.** How useful was the National Museum Survey Reference Guide in preparing your institution’s survey responses?

- Very useful
- Useful
- Slightly useful
- Not useful
- Did not use
- Not sure

**Q9-10.** How easy or difficult was it to navigate through the various sections of the National Museum Survey pilot?

- Very easy
- Easy
- Slightly easy
- Slightly difficult
- Difficult
- Very difficult

**Q9-11.** Did you experience any **functionality** issues when taking the survey?

*Functionality* refers to how well the survey features worked. Examples of functionality may include (but are not limited to) whether the survey saved your responses and allowed you to go back to previous questions, if the font size was readable, whether “hover definitions” popped up, and so forth.

- Yes
- No → **GO TO Q9-13**

**Q9-12.** Please describe any **functionality** issues you experienced when taking the National Museum Survey pilot so that they can be fixed for future administrations.

Write-in: [Limit: 500 characters]

**Q9-13.** May IMLS or its representatives reach out to your institution to aid further development of the National Museum Survey in the future, should the opportunity and need arise?

- Yes
- No

**Thank you for participating in the National Museum Survey (NMS) pilot! Please enter your information in the web survey using the link you received by email.** If you did not receive an email invitation with a link to the web survey, please contact [NMS@air.org](mailto:NMS@air.org).

This pilot is just one part of the project’s yearslong planning phase, during which researchers are incorporating the input of thousands of museums to prepare the NMS for long-term success. The NMS in its full form will, for the first time, provide vital baseline data about the scope and reach of the museum field across the country. This baseline data will provide accurate information that you will be able to use to compare your institution to others like yours to help you contextualize and grow your work.

We will report lessons learned from the pilot in early 2024, along with more details about the potential path forward to the first full administration of the survey in 2025.

**STOP – END OF SURVEY**

*If you were instructed to go to Page 24 due to your answers to Q1-7, Q2-6, Q2-7, or Q2-10, the box below applies to you.*

**Thank you for your time!** You indicated that at least one of the following descriptions applies to your institution:

- It is a for-profit company, business, college, or university.
- Under normal circumstances, it is open to the public fewer than 120 days per year.
- It does not serve the public from a fixed physical location that your institution owns or operates.
- It does not have employees or volunteers whose combined regular working hours are equal to (or greater than) at least one full-time position.

Unfortunately, based on this description, it appears that your institution does not meet the criteria that IMLS is using to determine institutions' appropriateness for inclusion in the National Museum Survey pilot, but with that said — ***we still need your input!***

**So regardless of whether or not your institution meets the above criteria, please enter your answers in the web survey using the link you received by email.** If you did not receive an email invitation with a link to the web survey, please contact [NMS@air.org](mailto:NMS@air.org).

*This reference guide reflects the questionnaire that is being used for the pilot version and may change for future administrations.*

**OMB Control Number: 3137-0125**

**Expiration date: 04/30/2024**

**You are not required to respond to this collection of information unless it displays a currently valid OMB control number.**