

2025
NATIONAL MUSEUM SURVEY
QUESTION REFERENCE GUIDE



National Museum Survey Question Reference Guide

Please enter your institution's responses online

National Museum Survey Instructions

First, thank you for participating in the National Museum Survey (NMS)!

This guide includes the full text of the survey to serve as a reference and help you gather the information you will need to complete the survey online.

Please enter your information online using the link you received by email. Please contact NMS@imls.gov if you did not receive an email invitation with a link to the web survey.

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@imls.gov 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.

Please contact the survey team at NMS@imls.gov if you have any questions.

Thank you for contributing to this vital national resource!

Section 1: Background Information

The questions in this section request background information for your institution. Please complete all questions in this section as the information you provide will be used to personalize your survey experience.

Q1-1. Does the following information correctly reflect the name and **physical location** of your institution? If not, please update 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 your institution's mailing address the same as its physical address?

Yes → **GO TO Q1-4 on page 3**

No

Q1-3. What is your institution's mailing address?

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

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Q1-4. Please review and update as necessary your institution's Best Point of Contact and Alternate Point of Contact for completing the National Museum Survey below:

Best Point of Contact for the National Museum Survey

First Name: _____

Last Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

Alternate Point of Contact

First Name: _____

Last Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

Q1-5. 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 throughout the survey.

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

Q1-6. In what year was your institution founded?

Year: ____

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Q1-7. 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 Q1-9**
- Not sure → **GO TO Q1-9**

Q1-8. What is the name and location of your parent institution?

Name: _____

City: _____

State: _____

Q1-9. Which category best describes the legal classification of your institution?

- Non-profit organization
- Non-profit college/university
- For-profit company/business → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**
- For-profit college/university → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**
- 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 Q1-7), skip Q1-10 and go to Q1-11 on page 5.

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Q1-10. 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; and employee and volunteer counts.

- Yes
- No

Q1-11. What is the end date of the most recent fiscal year (FY) for which you can report financial data for your institution?

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

Month:

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

Year:

- 2021
- 2022
- 2023
- 2024

- My institution is unable to report for any recent fiscal year → **Please contact NMS@imls.gov**

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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. *IMLS is trying to understand how different types of museums define their “size.” Please help us figure out what size means to institutions like yours by answering the below with how you would personally categorize your institution.*

Do you consider your institution to be a small, medium, or large institution?

- Small
- Medium
- Large
- Not sure

Q2-2. What was the **annual operating budget** for your institution in the fiscal year reported at Q1-11?

If unsure, please use your best estimate. Your information will be grouped with responses from similar institutions when reporting to protect your confidentiality.

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

- \$99,999 or less
- \$100,000 to \$249,999
- \$250,000 to \$499,999
- \$500,000 to \$999,999
- \$1 million to \$2,999,999
- \$3 million to \$9,999,999
- \$10 million to \$14,999,999
- \$15 million to \$24,999,999
- \$25 million or more

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Please enter your institution's responses online

Q2-3. Which, if any, 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)
- Offers other public engagement activities (please specify) _____
- My institution does not perform any of these or similar museum-related functions.
→ **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

Q2-4. Which, if any, of the following describe your institution's collections?

For the purposes of this question, we define "collection" as **anything that is used, owned, or displayed by your institution for exhibitions, programs, and/or experiences.**

Select all that apply.

- Living collection (*Plants at a garden or arboretum, animals in a zoo or aquarium, insects at an insectarium, etc.*)
- Non-living or objects collection (*Art, artifacts, documents, learning aids, interactive materials or equipment, etc.*)
- Other (please specify) _____
- My institution does not use, own, or display anything for exhibitions, programs, and/or experiences. → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

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Please enter your institution's responses online

Q2-5. 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) _____

Q2-6. 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) _____

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Please enter your institution's responses online

Q2-7. Does your institution have a fixed physical location(s) from which it serves the public?

- Yes
- No → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

Q2-8. How many days was your institution **open to the public** through specific hours of operation and/or by appointment during the most recent fiscal year (FY) for which you can report financial data?

- 89 days or less → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**
- 90-119
- 120-179
- 180-239
- 240-299
- 300-359
- 360 days or more

Q2-9. Does your institution have one or more full-time employee(s) or full-time volunteer(s)?

- Yes → **GO TO Section 3 on page 10 unless directed at Q1-9, Q2-3, Q2-4, or Q2-8 to continue through end of section 2 only and then go to page 30**
- No → **GO 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 page 10**
- No → **Follow instructions on page 10**

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INSTRUCTIONS: Go to Page 30 now if you were instructed to continue through end of Section 2 only or if you answered:

- "For-profit" at Q1-9, OR
- "My institution does not perform any of these or similar museum-related functions" at Q2-3, OR
- "My institution does not use, own, or display anything for exhibitions, programs, and/or experiences" at Q2-4, OR
- "No" at Q2-7, OR
- "89 days or less" at Q2-8, OR
- "No" at Q2-10.

Section 3: Facilities

This section asks about your institution's facilities, including its land and buildings, and the condition of its facilities. For each question, please confirm or update the information, as needed.

Please try to retrieve the most precise data available in your institution, which may involve working with other staff members. Certain questions include an "estimated" checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

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

Facilities refer to the land and buildings where the institution is located.

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

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Please enter your institution's responses online

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. If only an estimate is available, please check the corresponding box below.

Acres: ____, ____

- Less than an acre
- Don't know

This is an estimate.

Q3-3. What is the **total square footage** of your institution's building spaces?

Please include all building space whether for public or non-public use. If only an estimate is available, please check the corresponding box below.

Total building space: __, ____, ____ Square feet

- Don't know

This is an estimate.

Q3-4. Which of the following best represents the overall 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.
- It varies from facility to facility (please describe) _____

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Please enter your institution's responses online

If you answered “No” at Q1-10 on page 5 (e.g., that you cannot report operational data for your institution separately from any parent institution) skip Sections 4 and 5 and go to Section 6, which starts on page 21.

Section 4: Financial Information

The next set of questions asks about **financial information**. As a reminder, your individual institution's information **will remain private**.

Please use your institution's IRS Form 990 filing or annual financial report to help complete this section where applicable.

Please try to retrieve the most precise data available in your institution, which may involve working with other staff members. Certain questions include an “estimated” checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

Q4-1. What source(s) will you use to answer financial information questions about your institution? *Select all that apply.*

Your response will enhance your survey taking experience by guiding the instructions that you see in subsequent questions.

- My institution's IRS Form 990 (preferred method, if available)
- My institution's annual financial report
- My institution's accounting or budgeting software
- Other (please specify) _____
- Not sure

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Please enter your institution's responses online

Q4-2. What was your institution's **total revenue** for the most recent fiscal year (FY) for which you can report financial data?

This includes all revenue, such as gifts, donations, or grant funding received; earnings from program services such as admissions, memberships, and educational offerings; gift shop and cafe sales; event rentals; investment income from endowments or other sources; and any other revenue.

If applicable, please use the total revenue from Form 990, Part I (Summary) line 12, which includes the sum of lines 8 through 11.

Line 8: Contributions and grants

Line 9: Program service revenue

Line 10: Investment income

Line 11: Other revenue

If only an estimate is available, please check the corresponding box below.

Total revenue: \$ ____, ____, _____.00

Don't know

This is an estimate.

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Please enter your institution's responses online

Q4-3. You told us that your institution's total revenue was [filled from Q4-2] for the most recent fiscal year (FY) for which you can report financial data. How did this revenue fall into each of the following **revenue categories** for the most recent fiscal year (FY) for which you can report financial data?

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any revenue types your institution did not have.

Line numbers refer to the Part I (Summary) section of Form 990.

	Revenue <i>in dollars</i>	Estimated	Don't know
Contributions and grants (Line 8) <i>(monetary donations or non-cash gifts given by individuals, corporations, or foundations, including government or other grants)</i>	\$ ____, ____, ____.00	<input type="checkbox"/>	<input type="checkbox"/>
Program service revenue (Line 9) <i>(earnings from the institution's mission-related activities, exhibits, and programs, such as ticket sales/admissions, memberships, and educational offerings)</i>	\$ ____, ____, ____.00	<input type="checkbox"/>	<input type="checkbox"/>
Investment income (Line 10) <i>(earnings from investments like endowments, stocks, bonds, and savings, including interest, dividends, or royalties)</i>	\$ ____, ____, ____.00	<input type="checkbox"/>	<input type="checkbox"/>
Other revenue (Line 11) <i>(income from sources not listed above, such as funding from a parent institution [e.g., university or local government], gift shop sales or cafe services, event rentals, or licensing fees)</i>	\$ ____, ____, ____.00	<input type="checkbox"/>	<input type="checkbox"/>
Total	[Auto-calculated total]		

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Please enter your institution's responses online

Q4-4. What were your institution's **total expenses** for the most recent fiscal year (FY) for which you can report financial data?

This includes all expenses, such as scholarships or research grants given by the institution; costs associated with member benefits such as discounts or special access; salaries, compensation, and employee benefits; fundraising costs and marketing fees; day-to-day operational costs such as supplies, maintenance, rent or other bills; and any other expenses.

If applicable, please use the total expenses from Form 990, Part I (Summary) line 18, which includes the sum of lines 13 through 17:

Line 13: Grants and similar amounts paid

Line 14: Benefits paid to or for members

Line 15: Salaries, other compensation, employee benefits

Line 16a: Professional fundraising fees

Line 17: Other expenses

If only an estimate is available, please check the corresponding box below.

Total expenses: \$ ____, ____, _____.00

Don't know

This is an estimate.

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Please enter your institution's responses online

Q4-5. You told us that your institution's total expenses were [filled from Q4-4] for the most recent fiscal year (FY) for which you can report financial data. How did these expenses fall into each of the following **expense categories** for the most recent fiscal year (FY) for which you can report financial data?

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any expense types your institution did not have.

Line numbers refer to the Part I (Summary) section of Form 990.

	Expenses in dollars	Estimated	Don't know
Grants and similar amounts paid <i>(Line 13)</i> <i>(funding or financial support the institution gives to individuals or organizations, such as scholarships or research grants)</i>	\$ ____, ____, _____.00	<input type="checkbox"/>	<input type="checkbox"/>
Benefits paid to or for members <i>(Line 14)</i> <i>(costs associated with member benefits, including service discounts and exclusive event invitations or access)</i>	\$ ____, ____, _____.00	<input type="checkbox"/>	<input type="checkbox"/>
Salaries, other compensation, employee benefits <i>(Line 15)</i> <i>(payroll or staff-related expenses, including wages, salaries, bonuses, insurance, and other benefits)</i>	\$ ____, ____, _____.00	<input type="checkbox"/>	<input type="checkbox"/>
Professional fundraising fees <i>(Line 16a)</i> <i>(amounts paid to professional fundraisers for their services, such as to organize donation campaigns or market fundraising events)</i>	\$ ____, ____, _____.00	<input type="checkbox"/>	<input type="checkbox"/>
Other expenses <i>(Line 17)</i> <i>(expenses in areas not listed above, such as expenses associated with programming and day-to-day operational costs such as supplies, maintenance, utilities, rent, or insurance)</i>	\$ ____, ____, _____.00	<input type="checkbox"/>	<input type="checkbox"/>
Total	[Auto-calculated total]		

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- Q4-6.** Even if already captured in other categories above, what was your institution's total **fundraising expenses** (Line 16b) for the most recent fiscal year (FY) for which you can report financial data? *This includes all spending associated with raising money, such as fundraising event costs or advertising.*

Total fundraising expenses: \$ ____, ____, _____.00

Don't know

This is an estimate.

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Please enter your institution's responses online

If you answered “No” at Q1-10 on page 5 (e.g., that you cannot report operational data for your institution separately from any parent institution) skip Section 5 and go to Section 6, which starts on page 21.

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, consultants, or paid interns. Also do not include support staff (e.g., security officers) who are not employed directly by your institution or your parent institution. If only an estimated amount is available in a category, please check the corresponding box below.

	Paid employees (headcount)	Vacant/unfilled positions	Estimated
Full-time <i>Please report these numbers based on your institution's definition of full-time employment.</i>	---	---	<input type="checkbox"/>
Part-time <i>Please report these numbers based on your institution's definition of part-time employment.</i>	---	---	<input type="checkbox"/>

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Please enter your institution's responses online

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 institution under an agreement and outside of 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 institution 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 page 20**

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

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Please enter your institution's responses online

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 board(s) 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 page 21**

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

National Museum Survey Question Reference Guide

Please enter your institution's responses online

Section 6: Admissions and Visitors

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

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?

On-site visits could be made by members of the public for any reason, such as to view collections or exhibits, participate in programming, attend museum-hosted events, or attend private events. Count each visitor in a group as having their own visit (e.g., a visit by a group of 12 people should be recorded as 12 "visits"). Enter "0" if there were no on-site visits for the reporting period. If only an estimate is available, please check the corresponding box below.

On-site visits ____, ____, ____

Don't know

This is an estimate.

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 (e.g., a visit by a group of 12 people should be recorded as 1 "group visit"). Enter "0" if there were no on-site visits by groups for the reporting period. If only an estimated amount is available in a category, please check the corresponding box below.

	Number of groups	Estimated	Don't know
Number of Pre-K-12 groups (e.g., field trips)	____, ____	<input type="checkbox"/>	<input type="checkbox"/>
Number of other visiting groups (e.g., bus tours, senior citizen groups, alumni groups, social clubs, college groups)	____, ____	<input type="checkbox"/>	<input type="checkbox"/>

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Please enter your institution's responses online

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?

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

If number of on-site visits reported in Q6-1 was 0, go to Q6-9 on page 24.

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 24**
- Not applicable → **GO TO Q6-9 on page 24**

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?

If you have more than one ticket type, please provide the most common price for adult admission, not including any discounts or upgrades.

\$ __. __ adult general admission

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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?

	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 <i>(e.g., municipal or county-run discount programs)</i>	<input type="radio"/>	<input type="radio"/>
Other non-economic-based admission programs <i>(e.g., Bank of America first Fridays)</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? *Do not include members, if applicable.*

	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"/>

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	Free admission	Discounted admission	Both free and discounted admission	Neither
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 Section 7 on page 25**

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. If only an estimate is available, please check the corresponding box below.

Number of memberships ____, ____

- This is an estimate.

National Museum Survey Question Reference Guide

Please enter your institution's responses online

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 on page 26**

- 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 are the total number of sessions rather than page views. If only an estimate is available, please check the corresponding box below.

Website visits ____, ____, ____

- Don't know

- This is an estimate.

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Please enter your institution's responses online

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

***Remote digital access** refers to making collections, exhibitions and/or programs 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.*

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

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

	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"/>
X (Formerly 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"/>

National Museum Survey Question Reference Guide

Please enter your institution's responses online

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

	Followers
Facebook <i>(people who like or follow your Facebook page)</i>	---,---,---
Instagram <i>(people who follow your Instagram account)</i>	---,---,---
LinkedIn <i>(people who follow your LinkedIn page)</i>	---,---,---
Snapchat <i>(people who follow your Snapchat account)</i>	---,---,---
TikTok <i>(people who follow your TikTok account)</i>	---,---,---
X (Formerly Twitter) <i>(people who follow your X/Twitter account)</i>	---,---,---
Vimeo <i>(people who subscribe to your Vimeo page)</i>	---,---,---
YouTube <i>(people who subscribe to your YouTube page)</i>	---,---,---
Other: [filled from Q7-4] <i>(people who like, follow, or subscribe to your account or page)</i>	---,---,---
Other: [filled from Q7-4] <i>(people who like, follow, or subscribe to your account or page)</i>	---,---,---

Section 8: Wrap-Up

You're nearly done! Please answer these final few questions to wrap up the survey.

Q8-1. How easy or difficult was it for you to complete the National Museum Survey 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 → **GO TO Q8-3 on page 29**
- Somewhat easy → **GO TO Q8-3 on page 29**
- Somewhat difficult
- Very difficult

Q8-2. You mentioned that the National Museum Survey was [filled from Q8-1] to complete. What challenges or issues did you experience? *This information will be used to help us improve the survey for future administrations.*

Write-in: [Limit: 500 characters]

National Museum Survey Question Reference Guide

Please enter your institution's responses online

- Q8-3.** IMLS is considering supporting museum visitation by sharing interested institutions' information with members of the public. This effort would only provide your institution's contact information, which is likely already public information, and would NOT include any information that you did not consent to sharing below.

To protect your institution's confidentiality *no information that you previously submitted in this survey will be shared, nor will any specific individual's name, email address, or phone number.*

If your institution consents to having IMLS share this information with the public, please leave the boxes at the right checked. Please review the information below and make updates as necessary to ensure accuracy.

Deselect any information you do not wish to be shared.

		Consent to sharing this information
Institution name:		<input type="checkbox"/>
Primary Discipline:		<input type="checkbox"/>
Website:		<input type="checkbox"/>
Main phone number:		<input type="checkbox"/>
Address 1:		<input type="checkbox"/>
Address 2:		<input type="checkbox"/>
City:		<input type="checkbox"/>
State:		<input type="checkbox"/>
Zip Code:		<input type="checkbox"/>

Thank you for your participation in the National Museum Survey! 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@imls.gov.

The NMS will provide vital data about the scope and reach of the museum field across the country, and we appreciate your contribution to this resource.

STOP – END OF SURVEY

National Museum Survey Question Reference Guide

Please enter your institution's responses online

The box below applies to you if you were instructed to go to Page 30 due to your answers to Q1-9, Q2-3, Q2-4, Q2-7, Q2-8, or Q2-10.

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

- It is a for-profit institution.
- Under normal circumstances, it is open to the public fewer than 90 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.
- It does not provide exhibitions and programs.
- It does not primarily function to house, display, and care for animate or inanimate objects that form the core of its exhibitions, programs, and research.

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. With that said — ***we still need your input!***

Please enter your answers to Section 1 and Section 2 in the web survey using the link you received by email even if your institution was instructed to skip to page 30. If you did not receive an email invitation with a link to the web survey, please contact NMS@imls.gov.

This reference guide reflects the questionnaire that is being used for the 2025 National Museum Survey and may change for future administrations.

(Last updated 1/21/2025)

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Expiration date: 11/30/2027

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

Contact NMS@imls.gov with any questions.