**Before the Event Survey**

This survey is used to help identify the audience attending your event, and their background knowledge on the activity. These survey questions should be included within your registration form. Below is a list of survey questions to administer before the event.

**Do any of the following people in your life participate in shooting sports?** (select all that apply)

* Father
* Mother
* Brother/sister
* Friends
* Grandparent
* Other relatives (aunt, uncle, cousin)
* None
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To what degree do you think your family, friends, and/or peers are supportive of shooting sports?** (select one)

* Very Supportive
* Supportive
* Somewhat Supportive
* Not at all Supportive

**Do have a current FID/LTC in Massachusetts?** (select one)

* Yes
* No

**In your lifetime, how many times have you participated in shooting sports?** (select one)

* Never
* 1-4 times
* 5-9 times
* 10+ times

**How confident do you feel about your skills and knowledge in \_\_\_\_\_\_\_\_\_\_?**

 (In the blank, enter the specific topic being taught during the event)

* Very confident
* Confident
* Somewhat confident
* Not at all confident

**How likely are you to go shooting in the next 12 months?** (select one)

* Very likely
* Likely
* Somewhat likely
* Not at all likely

**How did you find out about this program?** (select one)

* Organization’s Email
* Organization’s Website
* Word of mouth
* Event flyer
* While attending another event
* Facebook
* Twitter
* Instagram
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age/DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After the Event Survey**

This survey is used to help evaluate the content and delivery of the event. This survey should be provided at the end of the event while attendees are still present. Below is a list of survey questions to administer after the event.

**Overall, how would you rate the program?** (select one)

* Excellent
* Good
* Fair
* Poor

**How much did the program increase your confidence in \_\_\_\_\_\_?** (select one)

 (In the blank, enter the specific topic being taught during the event)

* A lot
* Some
* A little
* None

**How much did this event help you develop these specific skills?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A lot | Some | A little | None |
| Firearms safety |  |  |  |  |
| Shooting skills |  |  |  |  |
| Shot placement |  |  |  |  |
| Cleaning your firearm |  |  |  |  |
| Equipment needed  |  |  |  |  |

Above is an example of common shooting sports skills covered at an event, please include the skills

that would be covered at your event.

**Is there any additional information or topics you would have liked to learn during this workshop?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How likely are you to go shooting in the next 12 months?** (select one)

* Very likely
* Likely
* Somewhat likely
* Not at all likely

**Is there anything that would increase the likelihood that you would participate in shooting sports in the future?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age/DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End of Season Survey Question**

This survey is used to determine if the participant did the activity after the event. This survey should be provided at the end of the season, or 6 months after the event. Below is a list of survey questions to administer after the season.

**How many times have you participated in shooting sports since participating in the event?** (select one)

* Never (if never, skip the next question)
* 1-4 times
* 5-9 times
* 10 or more times

**If you went shooting, who did you go hunting with?** (select all that apply):

* Alone
* Father
* Mother
* Brother/sister
* Friends
* Grandparent
* Other relatives (aunt, uncle, cousin)
* Someone from the program
* Other \_\_\_\_\_\_\_\_\_\_

**If you didn’t participate in shooting sports since participating in the event, what was the main reason you didn’t go?** (select one)

* Don't have anyone to go with
* Work obligations
* Family obligations
* Not knowing where to go
* Lack of knowledge/skills
* Unsure of licenses and regulations
* Firearms license cost too much
* Not comfortable around firearms
* Lack of available ranges where I live
* Shooting sports equipment cost too much
* Would rather do other activities
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How much did attending the event influence your decision to participate in shooting sports?** (select one)

* Not at All
* A Little
* Some
* A Lot

**What have you done since participating after the class?** (select all that apply)

* Joined a Sportsmen’s Club or hunting organization
* Purchased shooting sports equipment
* Purchased a firearm/bow
* Found someone to shoot with
* Took additional shooting sports classes
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How likely are you to participate in shooting sports in the next 12 months?** (select one)

* Very likely
* Likely
* Somewhat likely
* Not at all likely

**Is there anything that would increase the likelihood that you would participate in shooting sports in the future?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age/DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_