



# Musei di Villa Baciocchi

## VISITOR'S QUESTIONNAIRE

Dear visitor,  
thank you for visiting Villa Baciocchi museums. We are continuously seeking ways to improve our museum services for everyone. Your comments will help us to continue to serve you better in the future.

**Is this your first visit to our Villa Baciocchi museum complex?**

Yes                      No

**How did you hear about us?**

Tourist literature/brochure	Posters/pamphlets
Friends/relatives/word of mouth	Radio/TV
Internet	Casually
Newspaper	Have always known about it
	Other

**Do you know our website [www.museivillabaciocchi.it](http://www.museivillabaciocchi.it) ?**

Yes                      No

**Would you like to receive our newsletter on the museum to be informed about our activities, events, temporary exhibition and everything related to our museum complex?**

Yes                      No

**Please write your email:**

\_\_\_\_\_

**Who are you visiting the museums with?**

Friends	Guided Tours
Family/Relative	Couple
On my own	

**Reason of your visit**

Tourist travel	Spend free time
Professional and study interest	Visit an exhibition/initiative
Accompany friends/family	Other

**How long was your visit?**

Half-hour to 1 hour                      1-2 hours                      over 2 hours

**Are you generally satisfied with your visit?**

Not at all satisfied                      Slightly satisfied                      Fairly satisfied                      Very satisfied

**Are you satisfied with the following services?**

**Not at all satisfied**                      **Slightly satisfied**                      **Fairly satisfied**                      **Very satisfied**  
Information materials  
(Panel, Board)

Setting  
(lighting, exhibition of the finds)

Competence and courtesy of the staff

Signs, Signpost to reach the museum

Level of technical communication                      **Difficult**                      **Effective**  
(text panels)

**City of origin**  
\_\_\_\_\_

**Gender**

Male                      Female

**Age**

Under 18                      18/30                      31/45                      46/65                      Over 65

**Educational Level**

Primary                      Lower Secondary                      Upper Secondary                      College

**What did you enjoy the most about you visit?**  
\_\_\_\_\_

**Was there anything you would like to see changed?**  
\_\_\_\_\_

**Other comments**  
\_\_\_\_\_

*Thank for your kind collaboration*

Date

