

# Brevard Veterans Memorial Center Museum Traveling Trunk Post-Use Survey

*Please take the time to fill out this short survey and return it with the trunk. Your assistance will help us to ensure this free service is continued. Thank you in advance.*

Name of person completing survey: \_\_\_\_\_

School, Library, or Organization (Please include county information):  
\_\_\_\_\_

How many students or people used or viewed the contents of the trunk?  
\_\_\_\_\_

Were any Military Veterans contacted or asked to be involved in the class, presentation, or program in which this trunk was used? \_\_\_\_\_

If a Veteran was involved, could you provide their name and contact information?  
\_\_\_\_\_  
\_\_\_\_\_

On a scale of 1-5, (1 being "Not very much", 5 being "Greatly improved") how much has this program helped you teach about military history?

1                      2                      3                      4                      5

On a scale of 1-5, (1 being "Not very likely", 5 being "Extremely likely") how likely are you to recommend this program to others?

1                      2                      3                      4                      5

Overall, on a scale of 1-5, (1 being "Not very satisfied", 5 being "Greatly satisfied") how satisfied are you with the traveling trunk program?

1                      2                      3                      4                      5

Any additional comments you'd like to add on how the trunk was used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_