

Survey of Cultural Life in Greater Philadelphia

Please tell us about your creative and cultural activities. Answer the questions in reference to your own activities, not the activities of others in your family. Your responses are confidential and will help build more support for the diversity of cultural life in our area.

BEGIN HERE: First, please answer a few questions about yourself...

1. **What is your five-digit home ZIP code?** ZIP Code: _____
2. **In which county do you live?** [If you do not live in one of these counties, you are not eligible for the survey.]

<input type="checkbox"/> Bucks County, PA	<input type="checkbox"/> Chester County, PA	<input type="checkbox"/> Montgomery County
<input type="checkbox"/> Burlington County, NJ	<input type="checkbox"/> Delaware County, PA	<input type="checkbox"/> New Castle County, DE
<input type="checkbox"/> Camden County, NJ	<input type="checkbox"/> Gloucester County, NJ	<input type="checkbox"/> Philadelphia County, PA
3. **How long have you lived in the Greater Philadelphia area?** (✓ one)

<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 3 to 5 years	<input type="checkbox"/> More than 10 years, but not my whole life
<input type="checkbox"/> 1 to 2 years	<input type="checkbox"/> 6 to 10 years	<input type="checkbox"/> All of my life
4. **What is your gender?**

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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5. **In what year were you born?** Year: _____
6. **What is your work status?** (✓ one)

<input type="checkbox"/> Working full-time for pay	<input type="checkbox"/> Working part-time for pay (under 30 hours a week)
<input type="checkbox"/> Retired	<input type="checkbox"/> Full-time student
<input type="checkbox"/> Full-time caregiver	<input type="checkbox"/> Not working/looking for work
7. **Do you earn a portion of your income from performing or making art?** (✓ one) Yes No
8. **What is the last level of school you completed?** (✓ one)

<input type="checkbox"/> Grade School	<input type="checkbox"/> Some College (no degree)	<input type="checkbox"/> Graduate or Professional degree
<input type="checkbox"/> Some High School	<input type="checkbox"/> Associate Degree	
<input type="checkbox"/> Completed High School (or G.E.D.)	<input type="checkbox"/> Bachelors Degree	
9. **Are you of Hispanic or Latino origin?** (✓ one)

<input type="checkbox"/> No – not Hispanic or Latino	<input type="checkbox"/> Yes – Puerto Rican
<input type="checkbox"/> Yes – Mexican, Mexican-American, Chicano	<input type="checkbox"/> Yes – Cuban
	<input type="checkbox"/> Yes – Other Hispanic or Latino
10. **What is your racial background?** (✓ all that apply)

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Some other race or mixed race
11. **What is your marital status?** (✓ one)

<input type="checkbox"/> Single/never married	<input type="checkbox"/> Married or partnered	<input type="checkbox"/> Previously married
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12. The next questions are about the creative and cultural activities that you do now. For each activity, check a box for how frequently you do the activity. Then, indicate in the right-hand column which activities, if any, are very important to you.

One more note: Please answer in terms of what you do now, not what you have done in the past, or what you would like to do in the future. First, tell us about your music activities.

On average, how frequently do you...		Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Listen to music on a local radio station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Buy music for your own collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	Attend concerts by professional musicians (any style of music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Hear music performed as part of a worship service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Sing for your own enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Play a musical instrument for your own enjoyment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Take music lessons or classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Make up original tunes or compose music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

Next, a few questions about your dance activities.

On average, how frequently do you...		Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Watch TV shows about dance or dance competitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Go to community ethnic or folk dances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	See praise dancing in a church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Attend performances by dance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Dance socially at night clubs or parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Perform dances as part of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Take dance lessons (any style of dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Make up my own dance steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

Next, a few questions about your theatre and drama activities.

On average, how frequently do you...		Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Attend comedy clubs, poetry slams or open mic nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Attend plays or musicals with professional actors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	Tell stories in the oral tradition of storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Act out stories or scenes at home or at a friend's house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Participate in pageants or theatrical programs in places of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Rehearse and perform in plays or musicals in front of an audience (not in places of worship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Help to put on plays or shows, but not act in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Take acting lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

Next, a few questions about your reading and writing activities.

15.	On average, how frequently do you...	Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Read magazines or newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Read books for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	Visit a public library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Write about your life in a journal, diary or weblog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Write drama, fiction or short stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Write for business purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Write original poetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Read out loud or perform poetry or rap in front of an audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
I.	Take writing lessons or classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

15A. In a typical day, about how much time do you spend reading books, newspapers or magazines for fun? (✓ one)

- Less than 30 minutes 30 to 60 minutes 1 to 2 hours More than 2 hours

Next, a few questions about your visual arts and crafts activities.

16.	On average, how frequently do you...	Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Go to arts or crafts fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Visit art museums or art galleries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	Attend film festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Make crafts of any kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Paint, draw or make other original art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Design, embroider or sew clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Take photographs with artistic intentions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Make original videos or films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
I.	Take visual arts or crafts classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

16A. How important to you is collecting and displaying art and crafts in your home? (✓ one)

- Not Important Somewhat Important Very Important Extremely Important

Next, a few questions about your science, nature and heritage activities.

17.	On average, how frequently do you...	Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week		Which of these activities, if any, are <u>very important</u> to you?
A.	Watch programs about science or history on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
B.	Visit Philadelphia area historic sites or history museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
C.	Visit Philadelphia area zoos or aquariums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
D.	Visit Philadelphia area public gardens or arboretums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
E.	Read books or magazines about science or history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
F.	Do gardening or landscaping for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
G.	Prepare ethnic or traditional foods of your heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>
H.	Research or explore your family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>

Next, a few questions about your online creative activities.

18.	On average, how frequently do you...	Never or Almost Never	At Least Once a Year	At Least Once a Month	At Least Once a Week	Which of these activities, if any, are <u>very important</u> to you?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.	Listen to Internet radio (streaming audio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>
B.	Download music from the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>
C.	Share something online that you created yourself such as music, artwork, photos, stories or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>
D.	Take material you find online, like songs, text or images, and remix it into your own artistic creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ <input type="checkbox"/>

19. Did you participate in any of the following events in the past year? (✓ all that apply)

- A special religious or holiday service (e.g., Christmas, Easter, Passover, Ramadan)
- A parade or festival that celebrates your cultural heritage
- Black History Month events
- Chinese New Year
- Cinco de Mayo celebration
- New Year's Day Parade (e.g., Mummers' Parade)
- Independence Day Parades
- Odunde Day

20. How much do you agree with each of the following statements?

"I take a strong interest in the arts and cultural customs and practices of my ancestors." (✓ one)

- Disagree a lot Disagree a little Agree a little Agree a lot

"I seek out activities that will expose me to a broad range of world cultures." (✓ one)

- Disagree a lot Disagree a little Agree a little Agree a lot

21. How important to you are each of the following? (circle a number for each)

- | | Not At All
Important | Very
Important |
|---|---|-------------------|
| A. Developing your creativity | 1 2 3 4 5 6 7 | |
| B. Discovering new artists and new works of art..... | 1 2 3 4 5 6 7 | |
| C. Having a spiritual life | 1 2 3 4 5 6 7 | |
| D. Feeling the extremities of emotion through art..... | 1 2 3 4 5 6 7 | |
| E. Adopting new technologies as quickly as possible | 1 2 3 4 5 6 7 | |

22. How important to you are each of the following? (circle a number for each)

- | | Not At All
Important | Very
Important |
|---|---|-------------------|
| A. Strengthening family relationships..... | 1 2 3 4 5 6 7 | |
| B. Making new friends and expanding your social network | 1 2 3 4 5 6 7 | |
| C. Being involved in social or environmental causes..... | 1 2 3 4 5 6 7 | |
| D. Voicing your political views..... | 1 2 3 4 5 6 7 | |

23. How well does each of the following statements describe you? (circle one for each)

- | | <u>Not At All</u> | <u>Extremely Well</u> |
|----|--|---|
| A. | I'm very good at writing and speaking persuasively. | |
| | 1 | 2 3 4 5 6 7 |
| B. | I am well-coordinated and like to dance in front of other people. | |
| | 1 | 2 3 4 5 6 7 |
| C. | I'm a musical person with a good ear for harmony and melody. | |
| | 1 | 2 3 4 5 6 7 |
| D. | I pay attention to color and texture, and love to visualize things in my mind. | |
| | 1 | 2 3 4 5 6 7 |

24. Do you socialize with your neighbors on a regular basis? Yes No

25. Do you attend religious services on a regular basis? Yes No

26. Do you do any volunteer work on a regular basis? Yes No

27. Does anyone in your family have a library card? Yes No

28. Did you vote in any election in the past year? Yes No

29. Compared to a year ago, would you say that you're doing creative and cultural activities...? (✓ one)

- Not as often The same amount More often

30. In your opinion, how important a role do creative and cultural activities play in improving the quality of life of Philadelphia area residents? (✓ one)

- Not at all important Somewhat important Very important Extremely important

31. Of all the creative and cultural activities listed in this survey, which one or two activities would you most like to do more often than you do now?

Thank you for your patience. Just a few more questions about your family.

32. Are you the parent or caregiver of any children who regularly live with you?

- Yes No → Skip to the end

33. If Yes, how old are these children? (✓ all that apply)

- Under age 6 Ages 6 to 12 Ages 13 to 17

34. Did any of your school age children go on at least one school field trip to a museum or theatre during the last school year?

- Yes No Don't Know

35. During the past school year, did any of your school age children belong to a music, theatre, dance or visual arts club or group at school?

- Yes No Don't Know

36. During the past school year, did any of your school age children take music, theatre, dance or visual arts lessons or classes, either after-school or outside of school?

- Yes No Don't Know

If you are the parent or caregiver of a school age child, you may be eligible for an additional \$5 in cash. Please ask the survey coordinator. Otherwise, please hand in your completed survey.