

We Value Your Opinion!

Please take a few minutes to give us your feedback about the program. Your responses to the survey will help improve future programming.

1. How did you hear about today's event? (mark all that apply)

- Flyer Mailing Teacher Humanities Organization
 Newspaper E-mail Friend/Family Other Organization
 Other (please specify) _____

2. What motivated you to come to today's event?

3. Please rate how strongly you agree or disagree with each of the following statements about today's program. (Check one box)

Statement:	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
This event helped me to see my faith as an important part of a diverse San Diego faith community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This event made me want to learn more about other religions and spiritual beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think talking about different faiths will weaken the San Diego community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to tell others about what I learned here today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to be more open to people from other religious communities as a result of this event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to be more open to people from other immigrant communities as a result of this event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This event has helped me to see the common core of positive human values at the heart of all religions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is this the first Stories of Faith event you attended?

- Yes
 No

4a: (If No) How many Stories of Faith events have you attended? _____#

5. Do you plan to attend other scheduled program events?

- Yes
 Maybe
 No

Please turn over

6. How, if at all, would you change or improve this event?

Please tell us a little about yourself. It will help us ensure that we are serving California's diverse population. [Note: These are optional, responses are confidential.]

7. What is your gender?

- Male Female

8. What is your age?

- 19 and under 20 to 29 years 30 to 40 years 41 to 55 years
 56 to 65 years over 65 years

9. What racial/ethnic group do you most strongly identify yourself by? (Please check one box.)

- African American American Indian
 Asian/Pacific Islander Hispanic/Latino
 White/Caucasian Other (*specify*) _____

10. What is your religious background?

11. If you would like to participate in future events, please provide the following:

Email: _____

Phone: _____

12. This fall the project will conduct a focus group to better understand its impact and ways to improve future programs. Selected focus group participants will receive \$20. If interested, please include you name and number below.

Name: _____

Phone: _____

**Thank you very much for your participation!
Please return this survey to the Event Coordinator.**