



Perspectives Book Group- Participant Evaluation

Thank you for taking the time to complete this evaluation about your experience in the book group. Please complete and return this survey to the host organization, bookgroups@nhhumanities.org or via mail to New Hampshire Humanities, 117 Pleasant Street, Concord, NH 03301 immediately after the event. This information helps us to improve our efforts to provide innovative, high-quality programming to all residents of New Hampshire. Thank you for your feedback!

Host Organization: _____ **Book Title:** _____ **Your Town:** _____

Name: _____ **Email or mailing address to join mailing list:** _____

What value, if any, emerged from the book or its discussion for you?

Please provide constructive feedback on the facilitator or book. (Please tell us what worked or what could be improved)

Have you attended a *Perspectives* book discussion program before? (CIRCLE ONE) **YES** or **NO**
Have you attended any New Hampshire Humanities programs before? (CIRCLE ONE) **YES** or **NO**

CONTENT	Excellent	Good	Acceptable	Poor	N/A
How would you rate the quality of this program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMPACT	Strongly Agree	Agree	Neutral/Don't Know	Disagree	Strongly Disagree
I know more about the cultural or historical context surrounding this book after participating in the book discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encountered a new perspective from my own through reading the book.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I encountered a new perspective from my own through discussing the book with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in this program enhanced my sense of connection to my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEMOGRAPHIC INFORMATION

1.What is your age? <input type="radio"/> Under 25 <input type="radio"/> 25-34 <input type="radio"/> 35-44 <input type="radio"/> 45-54 <input type="radio"/> 55-64 <input type="radio"/> 65+	2. How would you define your gender? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary <input type="radio"/> Self Describe: _____	3.How do you define your race/ ethnicity? (<i>check all that apply</i>) <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Hispanic/Latinx <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Self describe: _____
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