

The Exiles Anonymous Program Survey

Filling out our survey helps gauge the community's opinion of the Exiles outreach success. It provides crucial feedback for shaping future programs and ensures that voices outside the Exiles are heard. Your input helps the Exiles understand our impact and ultimately leading to better community based programming.



Question 1:

This question is examining if the events are being marketed to the public appropriately. An Exiles program example is our munch and educational programs.

1. Have you been to an Exiles program before?

Mark only one oval.

Yes

No *Skip to question 3*

Question 1a:

Please provide a response on your experience at the Exiles virtually or in person progr

2. What kind of Exiles programs would you like to see offered in the future?

Check all that apply.

- Sexual Health
- Relationship Focused Programing
- 101 or How To Programs
- Edge Play Programs
- Pet Play / Leather Care / Bootblacking
- Other: _____

Question 1a:

3. If you have not attended an Exiles' program, was there any reason that prevented you from attending.

Check all that apply.

- Scheduling conflict
- Lack of interest
- Transportation issues
- Financial constraints
- Health or personal reasons
- Did not receive information in time
- Communication barriers
- Length of program
- Other: _____

Question 2:

The Exiles' are wanting to know your general experience with the program you just attended.

4. How did you enjoy your experience at this Exiles' program?

Mark only one oval.

1 2 3 4 5

Fant Poor

5. Additional Comments:

Question 3:

6. Are you currently an Exiles member?

Mark only one oval.

Yes

No

Question 3a:

When addressing this question, The Exiles is seeking insights that may influence membership.

7. What has prevented you from wanting to become a member?

Check all that apply.

Membership fee

Lack of free time

Organization requirements

Lack of Interest

Other: _____

Question 4:

8. Interest in attending a future Exiles' event:

Mark only one oval.

Option 1

Question 4:

Geographic Location

9. Are you currently living in the Bay area?

Mark only one oval.

Yes

No

Question 5:

Opportunity to provide optional information to help the Exiles better serve the wider community.

10. Your Age Range:

Mark only one oval.

18 to 30

31 to 45

45 to 60

Over 60

Rather not say

Question 6:

Opportunity to provide optional information to help the Exiles better serve the wider community.

11. What gender do you identify as?

Check all that apply.

- Cis Female
- Transgender
- Non-binary
- Queer
- Gender Fluid
- Gender Nonconforming
- Other: _____

Question 7:

Opportunity to provide optional information to help the Exiles better serve the wider community.

12. **Your Ethnic Identity (check all that apply)**

Check all that apply.

- African-American
- Native/Indigenous
- Asian
- Native Hawaiian / Pacific Islander
- East Indian
- Hispanic / Latino
- White / Caucasian
- Rather not say
- Other: _____

Survey Completed

Thank you so much for completing this survey regarding your experience at an Exiles' program. We greatly appreciate your input in making The Exiles a more inclusive 501(c)3 BDSM education organization. Please contact our Community Liaison / DEI Director at communityliaison@theexiles.org if you have questions or concerns you would like noted and / or addressed.

This content is neither created nor endorsed by Google.

Google Forms