

2026 NATIONAL MUSEUM SURVEY QUESTIONNAIRE



National Museum Survey Questionnaire
Please enter your institution's responses online

National Museum Survey Instructions

First, thank you for participating in the National Museum Survey (NMS)!

This document includes the full text of the survey to serve as a reference and help you gather the information you will need to complete the survey online.

Please enter your information online using the link you received by email. Please contact NMS@imls.gov if you did not receive an email invitation with a link to the web survey.

If you are not the person at your institution who can answer the survey's questions, please forward this document and the survey link to the appropriate person. Copying NMS@imls.gov on your forwarded survey invitation will ensure we direct any future messages to that person.

You do not need to complete the web survey in one session. Your responses are automatically saved each time you change screens. If you close the survey window, you can pick up where you left off using your original link. However, only one person from your institution can be active in the web survey at any given time.

Please contact the survey team at NMS@imls.gov if you have any questions.

Thank you for contributing to this vital national resource!

Section 1: Background Information

The questions in this section request background information for your institution. Please complete all questions in this section as the information you provide will be used to personalize your survey experience.

Q1-1. Does the following information correctly reflect the name and **physical location** of your institution? If not, please update as necessary. *If you are a parent organization of the institution listed below, you will have the opportunity to add the parent organization information in a later question.*

Physical location refers to the address visitors use to come to your institution.

Required fields are marked with an asterisk (*).

Institution name*: _____
Website: _____
Main phone number*: _____
Address 1*: _____
Address 2: _____
City*: _____
State*: _____
Zip Code*: _____

Q1-2. Is your institution's mailing address the **same** as its physical address?

- ☐ Yes → **GO TO Q1-4 on page 3**
☐ No

Q1-3. What is your institution's mailing address?

Address 1: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

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Q1-4. Please review and update as necessary your institution's Best Point of Contact and Alternate Point of Contact for completing the National Museum Survey below:

Best Point of Contact for the National Museum Survey

First Name: _____

Last Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

Alternate Point of Contact

First Name: _____

Last Name: _____

Job Title: _____

Email Address: _____

Phone Number: _____

Q1-5. Does your institution have a **parent institution**?

*A **parent institution** may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your operations fall under.*

☐ Yes

☐ No → **GO TO Q1-7 on page 4**

☐ Not sure → **GO TO Q1-7 on page 4**

Q1-6. What is the name and location of your parent institution?

Name: _____

City: _____

State: _____

For the remaining questions in this survey, please answer for your institution and **NOT** for the parent institution.

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Q1-7. To improve your survey-taking experience, please select the term that **best** represents how we should refer to your institution. We will use this term throughout the survey.

- ☐ Museum
- ☐ Aquarium
- ☐ Center
- ☐ Garden
- ☐ Institution
- ☐ Organization
- ☐ Park
- ☐ Site
- ☐ Zoo

Q1-8. In what year was your institution founded?

Year: ____

Q1-9. Which category best describes the legal classification of your institution?

- ☐ Non-profit organization
- ☐ For-profit company/business or college/university → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**
- ☐ Non-profit or public college/university (e.g., state college)
- ☐ Local government (e.g., municipal, county)
- ☐ State/territorial government
- ☐ Tribal government
- ☐ Federal government
- ☐ Other (please specify): _____

If your institution does NOT have a parent institution (see Q1-5), skip Q1-10 and go to Q1-11 on page 5.

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Q1-10. Can you report **operational data** for your institution only, separate from your parent institution?

***Operational data** include revenue; W-2 employee salary, benefits, and payroll taxes; non-personnel expenses; and employee and volunteer counts.*

- ☐ Yes
- ☐ No

Q1-11. What is the end date of the most recent **fiscal year (FY)** for which you can report financial data (e.g., revenue and expenses) for your institution?

*A **fiscal year (FY)** is the 12-month period for which your institution tracks revenue and expenses for taxes and/or accounting purposes.*

Month:

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

Year:

- ☐ 2024
- ☐ 2025
- ☐ 2026

☐ My institution is unable to report financial data for any recent fiscal year → **Please contact NMS@imls.gov**

Section 2: Institutional Characteristics

The questions in this section ask about the characteristics of your institution, such as your annual operating budget, collection(s), discipline(s), location, and number of days open per year.

Q2-1. *Please help us learn what size means to your institution by answering the following:*

Do you consider your institution to be a small, medium, or large institution?

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ Not sure

Q2-2. What was the **annual operating budget** for your institution in the fiscal year reported at Q1-11?

If unsure, please use your best estimate. Your information will be grouped with responses from similar institutions when reporting to protect your confidentiality.

Annual operating budget is an estimate of expenditures for the 12-month fiscal year.

- ☐ \$99,999 or less
- ☐ \$100,000 to \$249,999
- ☐ \$250,000 to \$499,999
- ☐ \$500,000 to \$999,999
- ☐ \$1 million to \$2,999,999
- ☐ \$3 million to \$9,999,999
- ☐ \$10 million to \$14,999,999
- ☐ \$15 million to \$24,999,999
- ☐ \$25 million or more

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Q2-3. Which, if any, of the following functions best describe your institution? *Select all that apply.*

- ☐ Provides exhibitions and/or programs
- ☐ Provides experiences and/or demonstrations
- ☐ Stewards an historic site(s)
- ☐ Offers other public engagement activities (please specify) _____
- ☐ My institution does not perform any of these or similar museum-related functions.
→ **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

Q2-4. Which, if any, of the following describe your institution's collections?

For the purposes of this question, we define "collection" as **anything that is used, owned, loaned/borrowed, or displayed by your institution for exhibitions, programs, and/or experiences.**

Select all that apply.

- ☐ Living collection (*Plants at a garden or arboretum, animals in a zoo or aquarium, insects at an insectarium, etc.*)
- ☐ Non-living or objects collection (*Art, artifacts, documents, learning aids, interactive materials or equipment, specimens, historic structures, etc.*)
- ☐ Other (please specify) _____
- ☐ My institution does not use, own, or display anything for exhibitions, programs, and/or experiences. → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

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Q2-5. Which of the following disciplines best represent your institution? *Select all that apply.*

- ☐ Anthropology museum
- ☐ Aquarium
- ☐ Arboretum
- ☐ Art museum
- ☐ Botanical garden
- ☐ Children's museum
- ☐ General museum
- ☐ Historic house and/or site
- ☐ History museum
- ☐ Natural history museum
- ☐ Nature center
- ☐ Planetarium
- ☐ Science and technology center/museum
- ☐ Specialized museum
- ☐ Zoo
- ☐ Other (please specify) _____ → **GO TO Q2-7 on page 9 if only this response item is selected**

Q2-6. What is your institution's primary discipline? *Please select one.*

- ☐ Anthropology museum
- ☐ Aquarium
- ☐ Arboretum
- ☐ Art museum
- ☐ Botanical garden
- ☐ Children's museum
- ☐ General museum
- ☐ Historic house and/or site
- ☐ History museum
- ☐ Natural history museum
- ☐ Nature center
- ☐ Planetarium
- ☐ Science and technology center/museum
- ☐ Specialized museum
- ☐ Zoo

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Q2-7. Which of the following disciplines **best represents** your institution, even if none are a perfect fit? Please select one.

- ☐ Anthropology museum
- ☐ Aquarium
- ☐ Arboretum
- ☐ Art museum
- ☐ Botanical garden
- ☐ Children's museum
- ☐ General museum
- ☐ Historic house and/or site
- ☐ History museum
- ☐ Natural history museum
- ☐ Nature center
- ☐ Planetarium
- ☐ Science and technology center/museum
- ☐ Specialized museum
- ☐ Zoo

Q2-8. Does your institution have a fixed physical location(s) from which it serves the public?

- ☐ Yes
- ☐ No → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**

Q2-9. How many days was your institution **open to the public** through specific hours of operation and/or by appointment during the most recent fiscal year (FY) for which you can report financial data?

- ☐ 89 days or fewer → **CONTINUE THROUGH END OF SECTION 2 ONLY AND THEN GO TO PAGE 30**
- ☐ 90-119
- ☐ 120-179
- ☐ 180-239
- ☐ 240-299
- ☐ 300-359
- ☐ 360 days or more

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Q2-10. Does your institution have one or more full-time employee(s) or full-time volunteer(s)?

- ☐ Yes → **GO TO Section 3 on page 11 unless directed at Q1-9, Q2-3, Q2-4, Q2-8 or Q2-9 to continue through end of Section 2 only and then go to page 30**
- ☐ No → **GO TO Q2-11**

Q2-11. Does your institution have part-time employees or part-time volunteers whose combined regular working hours are equal to (or greater than) at least one full-time position?

- ☐ Yes → **GO TO Section 3 on page 11**
- ☐ No → **Follow instructions on page 11**

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INSTRUCTIONS: Go to page 30 now if you were instructed to continue through end of Section 2 only or if you answered:

- "For-profit" at Q1-9, OR
- "My institution does not perform any of these or similar museum-related functions" at Q2-3, OR
- "My institution does not use, own, or display anything for exhibitions, programs, and/or experiences" at Q2-4, OR
- "No" at Q2-8, OR
- "89 days or fewer" at Q2-9, OR
- "No" at Q2-11.

Section 3: Facilities

This section asks about your institution's facilities, including its land and buildings, and the condition of its facilities.

*Please try to retrieve the most precise data available on your institution, which may involve working with other staff members. **You may leave and return later or share the same survey link with a colleague**, but only one person from your organization can be in the survey at a time.*

Certain questions include an "estimated" checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

Q3-1. Does your institution own or lease/rent its **facilities**?

Facilities refer to the land and buildings where the institution is located.

- ☐ Own
- ☐ Lease or rent
- ☐ A combination of own and lease/rent
- ☐ Other (please specify) _____

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Q3-2. What is the **total acreage** of the land on which your institution is located?

Please include all land, including land with buildings, gardens, parking lots, and so forth. If only an estimate is available, please check the corresponding box below.

____, ____ Acres

- ☐ Less than an acre
- ☐ Don't know

☐ This is an estimate.

Q3-3. What is the **total square footage** of your institution's building spaces?

Please include all building space whether for public or non-public use. If only an estimate is available, please check the corresponding box below.

Total building space: __, ____, ____ Square feet

- ☐ Don't know

☐ This is an estimate.

Q3-4. Which of the following best represents the overall condition of your institution's **facilities**?

Facilities refer to the land and buildings on which your institution is located.

- ☐ Facilities easily and readily support their intended uses.
- ☐ Facilities provide adequate support for their intended uses. Some minor modifications/updates may be desired to improve their suitability.
- ☐ Facilities require limited renovation to support their intended uses on a continuing basis.
- ☐ Facilities require significant renovation to support their intended uses on a continuing basis. The space significantly inhibits program delivery.
- ☐ It varies from facility to facility (please describe) _____

If you answered "No" at Q1-10 on page 5 (e.g., that you cannot report operational data for your institution separately from any parent institution) skip Sections 4 and 5 and go to Section 6, which starts on page 22.

Section 4: Financial Information

The next set of questions asks about **financial information**. As a reminder, your individual institution's information **will remain private**.

Please use your institution's IRS Form 990 filing or annual financial report to help complete this section where applicable.

*Please try to retrieve the most precise data available on your institution, which may involve working with other staff members. **You may leave and return later or share the same survey link with a colleague**, but only one person from your organization can be in the survey at a time.*

Certain questions include an "estimated" checkbox; if needed, please select this option to indicate items for which precise information is unavailable.

Q4-1. What source(s) will you use to answer financial information questions about your institution? *Select all that apply.*

Your response will enhance your survey taking experience by guiding the instructions that you see in subsequent questions.

- ☐ My institution's IRS Form 990 (including 990-EZ, 990-PF, or prior/draft versions)
[preferred method, if available]
- ☐ My institution's audited financial statements or annual financial reports
- ☐ My institution's accounting or financial management system/software
- ☐ My institution's budget documents or internal financial reports (e.g., budgets, spreadsheets, profit/loss statements)
- ☐ Information provided by finance staff (e.g., CFO, accountant, treasurer, finance office)
- ☐ Financial information from a parent or governing organization
- ☐ Government financial reports or appropriations (e.g., CAFR, city/state budget, legislative appropriations)
- ☐ Other (please specify) _____
- ☐ Not sure

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Q4-2. What was your institution's **total revenue** for the most recent fiscal year (FY) for which you can report financial data?

This includes all revenue, such as gifts, donations, or grant funding received; earnings from program services such as admissions, memberships, and educational offerings; gift shop and cafe sales; event rentals; investment income from endowments or other sources; and any other revenue.

If possible, please use the total revenue from Form 990, Part I (Summary) line 12, which includes the sum of lines 8 through 11.

Line 8: Contributions and grants

Line 9: Program service revenue

Line 10: Investment income

Line 11: Other revenue

If only an estimate is available, please check the corresponding box below.

Total revenue: \$ ____, ____, _____.00

☐ Don't know

☐ This is an estimate.

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Q4-3. You told us that your institution's total revenue was [filled from Q4-2] for the most recent fiscal year (FY) for which you can report financial data. How did this revenue fall into each of the following **revenue categories** for the most recent fiscal year (FY) for which you can report financial data?

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any revenue types your institution did not have.

Line numbers refer to the Part I (Summary) section of Form 990.

	Revenue <i>in dollars</i>	Estimated	Don't know
Contributions and grants (Line 8) (monetary donations or non-cash gifts given by individuals, corporations, or foundations, including government or other grants)	\$ ____, ____, ____.00	☐	☐
Program service revenue (Line 9) (earnings from the institution's mission-related activities, exhibits, and programs, such as ticket sales/admissions, memberships, and educational offerings)	\$ ____, ____, ____.00	☐	☐
Investment income (Line 10) (earnings from investments like endowments, stocks, bonds, and savings, including interest, dividends, or royalties)	\$ ____, ____, ____.00	☐	☐
Other revenue (Line 11) (income from sources not listed above, such as gift shop sales or cafe services, event rentals, or licensing fees)	\$ ____, ____, ____.00	☐	☐
Total	[Auto-calculated total]		

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Q4-4. What were your institution's **total expenses** for the most recent fiscal year (FY) for which you can report financial data?

This includes all expenses, such as scholarships or research grants given by the institution; costs associated with member benefits such as discounts or special access; salaries, compensation, and employee benefits; fundraising costs and marketing fees; day-to-day operational costs such as supplies, maintenance, rent or other bills; and any other expenses.

If possible, please use the total expenses from Form 990, Part I (Summary) line 18, which includes the sum of lines 13 through 17:

Line 13: Grants and similar amounts paid

Line 14: Benefits paid to or for members

Line 15: Salaries, other compensation, employee benefits

Line 16a: Professional fundraising fees

Line 17: Other expenses

If only an estimate is available, please check the corresponding box below.

Total expenses: \$ ____, ____, _____.00

☐ Don't know

☐ This is an estimate.

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Q4-5. You told us that your institution's total expenses were [filled from Q4-4] for the most recent fiscal year (FY) for which you can report financial data. How did these expenses fall into each of the following **expense categories** for the most recent fiscal year (FY) for which you can report financial data?

If only an estimated amount is available in a category, please check the corresponding box below. Enter 0 for any expense types your institution did not have.

Line numbers refer to the Part I (Summary) section of Form 990.

	Expenses in dollars	Estimated	Don't know
Grants and similar amounts paid (Line 13) (funding or financial support the institution gives to individuals or organizations, such as scholarships or research grants)	\$ ____, ____, ____.00	☐	☐
Benefits paid to or for members (Line 14) (costs associated with member benefits, including service discounts and exclusive event invitations or access)	\$ ____, ____, ____.00	☐	☐
Salaries, other compensation, employee benefits (Line 15) (payroll or staff-related expenses, including wages, salaries, bonuses, insurance, and other benefits)	\$ ____, ____, ____.00	☐	☐
Professional fundraising fees (Line 16a) (amounts paid to professional fundraisers for their services, such as to organize donation campaigns or market fundraising events)	\$ ____, ____, ____.00	☐	☐
Other expenses (Line 17) (expenses in areas not listed above, such as expenses associated with programming and day-to-day operational costs such as supplies, maintenance, utilities, rent, or insurance)	\$ ____, ____, ____.00	☐	☐
Total	[Auto-calculated total]		

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Q4-6. Even if already captured in other categories above, what were your institution's total **fundraising expenses** (Line 16b) for the most recent fiscal year (FY) for which you can report financial data? *This includes all spending associated with raising money, such as fundraising event costs or advertising.*

Total fundraising expenses: \$ ____, ____, _____.00

☐ Don't know

☐ This is an estimate.

If you answered "No" at Q1-10 on page 5 (e.g., that you cannot report operational data for your institution separately from any parent institution) skip Section 5 and go to Section 6, which starts on page 22.

Section 5: Human Resources

This next set of questions asks for human resources information for your institution, including counts of employees, independent contractors, and volunteers. Please note that some questions ask for information at the **end** of the most recent fiscal year (FY) for which you can report financial data and others ask for information **during** the most recent fiscal year (FY) for which you can report financial data.

Q5-1. At the end of the most recent fiscal year (FY) for which you can report financial data, how many full-time and part-time **paid employees** and full-time and part-time **vacant positions** did your institution have?

Please do not include independent contractors, consultants, or paid interns. Also do not include support staff (e.g., security officers) who are not employed directly by your institution or your parent institution. If only an estimated amount is available in a category, please check the corresponding box below.

	Paid employees (headcount)	Vacant/unfilled positions	Estimated
Full-time <i>Please report these numbers based on your institution's definition of full-time employment.</i>	---	---	☐
Part-time <i>Please report these numbers based on your institution's definition of part-time employment.</i>	---	---	☐

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Q5-2. How many **independent contractors** were engaged by your institution at the end of the most recent fiscal year (FY) for which you can report financial data?

***Independent contractors** are individuals who provide services for your institution under an agreement and outside of an employer-employee relationship. Independent contractors are not paid through your payroll, and they may receive an IRS Form 1099. This does not include companies or firms.*

___ Independent contractors

Q5-3. How many unpaid **volunteers** did your institution have at the end of the most recent fiscal year (FY) for which you can report financial data, excluding board members?

***A volunteer** is anyone performing work for your institution who is unpaid. Exclude unpaid interns, apprentices, and fellows.*

___ Volunteers

Q5-4. Did your institution offer paid or unpaid internships, apprenticeships, or fellowships during the most recent fiscal year (FY) for which you can report financial data?

- ☐ Yes, paid
- ☐ Yes, unpaid
- ☐ Yes, both paid and unpaid
- ☐ No → **GO TO Q5-6 on page 21**

Q5-5. How many paid and/or unpaid interns, apprentices, and/or fellows did your institution have at the end of the most recent fiscal year (FY) for which you can report financial data?

___ Interns, apprentices, and fellows

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Q5-6. Did your institution have a governing body during the most recent fiscal year (FY) for which you can report financial data?

Please only include governing bodies with fiduciary responsibilities (e.g., board of directors).

- ☐ Yes
- ☐ No → **GO TO Q5-8**

Q5-7. How many voting members did your institution's governing body have at the end of the most recent fiscal year (FY) for which you can report financial data?

__ Voting members of governing body

Q5-8. Did your institution have one or more advisory board(s) at the end of the most recent fiscal year (FY) for which you can report financial data?

Mark "yes" for any board(s) with non-fiduciary responsibilities (e.g., Friend's Advisory Board, Board of Visitors).

- ☐ Yes
- ☐ No → **GO TO Section 6 on page 22**

Q5-9. How many advisory boards did your institution have at the end of the most recent fiscal year (FY) for which you can report financial data?

__ Advisory boards

Section 6: Admissions and Visitors

The questions in this section ask about on-site visits to your institution, admission policies, and memberships.

Q6-1. How many **on-site** visits did your institution have in the most recent fiscal year (FY) for which you can report financial data?

On-site visits could be made by members of the public for any reason, such as to view collections or exhibits, participate in programming, attend museum-hosted events, or attend private events. Count each visitor in a group as having their own visit (e.g., a visit by a group of 12 people should be recorded as 12 "visits"). Enter "0" if there were no on-site visits for the reporting period. If only an estimate is available, please check the corresponding box below.

____, ____, ____ **On-site visits**

☐ Don't know

☐ This is an estimate.

Q6-2. How many groups visited your institution during the most recent fiscal year (FY) for which you can report financial data?

Please report the number of groups, not the number of group members (e.g., a visit by a group of 12 people should be recorded as 1 "group visit"). Enter "0" if there were no on-site visits by groups for the reporting period. If only an estimated amount is available in a category, please check the corresponding box below.

	Number of groups (not number of visitors in a group)	Estimated	Don't know
Number of Pre-K-12 groups (e.g., field trips)	____, ____	☐	☐
Number of other visiting groups (e.g., bus tours, senior citizen groups, alumni groups, social clubs, college groups)	____, ____	☐	☐

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Q6-3. Other than field trips to your institution, did your institution provide any of the following programs or services to Pre-K–12 schools, students, or teachers during the most recent fiscal year (FY) for which you can report financial data?

	Yes	No
School-related programs or services (e.g., in-school programs, lesson plans or materials, programs for homeschoolers); do not count field trips to your institution	☐	☐
Out-of-school enrichment programs or services (e.g., camps, afterschool programs, teen programs); do not count field trips to your institution	☐	☐
Professional development for Pre-K–12 teachers (e.g., trainings)	☐	☐

If number of on-site visits reported in Q6-1 was 0, go to Q6-9 on page 26.

If number of on-site visits reported in Q6-1 was 1 or more, continue to Q6-4.

Q6-4. Did your institution charge general admission for any on-site visitors during the most recent fiscal year (FY) for which you can report financial data?

- ☐ Yes, some or all visitors were charged a general admission fee.
- ☐ No, general admission was free for all visitors → **GO TO Q6-9 on page 26**
- ☐ Not applicable → **GO TO Q6-9 on page 26**

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Q6-5. What was the price of **adult general admission** at the end of the most recent fiscal year (FY) for which you can report financial data?

If you have more than one ticket type, please provide the most common price for adult admission, not including any discounts or upgrades.

\$ __. __ adult general admission

Q6-6. On how many days during the most recent fiscal year (FY) for which you can report financial data did your institution offer free general admission to all visitors for at least part of the day?

Estimate if you are unsure. Enter "0" if your institution did not offer free admission.

___ Days of free general admission

Q6-7. Did your institution participate in any of the externally sponsored discount programs listed below during the most recent fiscal year (FY) for which you can report financial data?

	Yes	No
Blue Star Program	☐	☐
Museums for All	☐	☐
Other economic need-based admission programs (e.g., municipal or county-run discount programs)	☐	☐
Other non-economic need-based admission programs (e.g., Bank of America first Fridays)	☐	☐

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Q6-8. Did your institution offer free or discounted general admission to any of the following audiences during the most recent fiscal year (FY) for which you can report financial data as part of its regular admissions policy?

Do not include members, if applicable.

	Free admission	Discounted admission	Both free and discounted admission	Neither
Active military	☐	☐	☐	☐
Children	☐	☐	☐	☐
College students	☐	☐	☐	☐
Individuals with disabilities	☐	☐	☐	☐
Local residents	☐	☐	☐	☐
Senior citizens	☐	☐	☐	☐
Federal assistance program participants (e.g., WIC, SNAP)	☐	☐	☐	☐
State residents	☐	☐	☐	☐
Teachers/professors	☐	☐	☐	☐
Veterans	☐	☐	☐	☐
Other (please specify) _____	☐	☐	☐	☐

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Q6-9. Did your institution offer a paid membership program during the most recent fiscal year (FY) for which you can report financial data?

- ☐ Yes
- ☐ No → **GO TO Section 7 on page 27**

Q6-10. How many active memberships did your institution have at the end of the most recent fiscal year (FY) for which you can report financial data?

Please report the total number of memberships, not the number of individuals who are members. For example, count a family or household membership as one membership.

If only an estimate is available, please check the corresponding box below.

Number of memberships ____, ____

☐ This is an estimate.

Section 7: Digital Presence

The questions in this section ask about your institution's digital presence during the most recent fiscal year (FY) for which you can report financial data.

Q7-1. Did your institution have a website during the most recent fiscal year (FY) for which you can report financial data?

*If your institution had a web page on your **parent institution's** website, please select "yes."*

*A **parent institution** may include (but is not limited to) a larger non-profit organization; university, college, or academic department; or state, tribal, or local government or government department that your institution's operations fall under.*

- ☐ Yes
- ☐ No → **GO TO Q7-3 on page 28**

Q7-2. How many **website visits** did your institution have during the most recent fiscal year (FY) for which you can report financial data?

If your institution had a web page on your parent institution's website, please report visits to just your institution's web page.

Website visits are the total number of sessions rather than page views.

- ☐ Fewer than 25,000
- ☐ 25,000 – 49,999
- ☐ 50,000 – 249,999
- ☐ 250,000 – 999,999
- ☐ 1,000,000 or more
- ☐ Don't know

National Museum Survey Questionnaire
Please enter your institution's responses online

Q7-3. Did your institution provide **remote digital access** to any of its collections, exhibitions, or programs during the most recent fiscal year (FY) for which you can report financial data?

***Remote digital access** refers to making collections, exhibitions and/or programs available via the internet to locations external to the institution. Remote digital access may be provided through online collection catalogs, live-streamed events, online demonstrations, videos, live animal cameras, and so forth.*

	Yes	No
Remote digital access to collections	☐	☐
Remote digital access to exhibitions or programs	☐	☐

Q7-4. Does your institution have an account on any of the following social media platform(s)?

	Yes	No	Don't know
Facebook	☐	☐	☐
Instagram	☐	☐	☐
LinkedIn	☐	☐	☐
Snapchat	☐	☐	☐
TikTok	☐	☐	☐
X (Formerly Twitter)	☐	☐	☐
Vimeo	☐	☐	☐
YouTube	☐	☐	☐
Other platform _____	☐	☐	☐
Other platform _____	☐	☐	☐

National Museum Survey Questionnaire
Please enter your institution's responses online

Section 8: Wrap-Up

You're nearly done! Please answer these final few questions to wrap up the survey.

Q8-1. How easy or difficult was it for you to complete the National Museum Survey on behalf of your institution?

Please consider all aspects of taking the survey when answering, from gathering the information requested all the way through to submitting your answers.

- ☐ Very easy → **GO TO page 30**
- ☐ Somewhat easy → **GO TO page 30**
- ☐ Somewhat difficult
- ☐ Very difficult

Q8-2. You mentioned that the National Museum Survey was [filled from Q8-1] to complete. What challenges or issues did you experience? *This information will be used to help us improve the survey for future administrations.*

Write-in: [Limit: 500 characters]

STOP – END OF SURVEY

National Museum Survey Questionnaire
Please enter your institution's responses online

The text below applies to your institution if you were instructed to go to page 30 due to your answers to Q1-9, Q2-3, Q2-4, Q2-8, Q2-9, or Q2-11.

Thank you for your time! You indicated that at least one of the following descriptions applies to your institution:

- It is a for-profit institution.
- Under normal circumstances, it is open to the public fewer than 90 days per year.
- It does not serve the public from a fixed physical location that your institution owns or operates.
- It does not have employees or volunteers whose combined regular working hours are equal to (or greater than) at least one full-time position.
- It does not provide exhibitions and programs.
- It does not primarily function to house, display, and care for animate or inanimate objects that form the core of its exhibitions, programs, and research.

Based on this description it appears that your institution does not meet the criteria that IMLS is using to determine institutions' appropriateness for inclusion in the National Museum Survey. With that said — ***we still need your input!***

Please enter your answers to Section 1 and Section 2 in the web survey using the link you received by email even if your institution will skip to page 30. If you did not receive an email invitation with a link to the web survey, please contact NMS@imls.gov.

To complete the 2026 NMS, please enter your information in the web survey using the link you received by email. If you did not receive an email invitation with a link to the web survey, please contact NMS@imls.gov.

The NMS will provide vital data about the scope and reach of the museum field across the country, and we appreciate your contribution to this resource. **To learn more about the IMLS, please visit www.imls.gov/NMS**

National Museum Survey Questionnaire
Please enter your institution's responses online

This document reflects the questionnaire that is being used for the 2026 National Museum Survey and may change for future administrations.

(Last updated 9/11/2026)

OMB Control Number: 3137-0142

Expiration date: 11/30/2027

You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Contact NMS@imls.gov with any questions.