

North American Carillon Community Survey

Introduction

Welcome to the North American Carillon Community Survey, an independent research project supported by a 2020 GCNA Barnes Grant.

This survey has 7 sections will take approximately 20 minutes to complete. Your answers are revisable and may be saved after each section.

We ask that you answer as many questions as possible honestly and thoroughly. You may choose not to answer any of the questions, either by not answering or by selecting "prefer not to answer." You may also skip any question that does not apply to you, either by not answering or by selecting "does not apply."

All answers will be held in strict confidence and are viewable only by the study's researchers, Michelle Lam and Elisa Tersigni. They will process and aggregate the data so that all personal identifiers are removed. If you have any questions or concerns about your privacy or the data, please email Michelle (msll@umich.edu) and Elisa (elisa.tersigni@gmail.com).

The anonymized and aggregated data will be shared with members of the GCNA at Congress 2022 and an article will be submitted to the GCNA Bulletin for consideration.

North American Carillon Community Survey

Section 1. Basic Background Information

1. What is your current age in years?

2. Please indicate the group(s) that best describe you.

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American/Alaskan Native/First Nations/Inuit |
| <input type="checkbox"/> Asian American/Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino/Latina/Latinx | <input type="checkbox"/> White |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Prefer not to say |

Other (please specify)

3. What is your gender?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Gender fluid
- ☐ Prefer not to answer
- ☐ Other (please specify)

4. Do you identify with the gender you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

5. What is your sexual orientation?

☐ Heterosexual

☐ Questioning

☐ Bisexual

☐ Asexual

☐ Gay/Lesbian

☐ Prefer not to say

☐ Queer

Other (please specify)

* 6. Do you have a disability?

☐ Yes

☐ No

☐ Prefer not to say

7. What religious background do you most identify with?

☐ Agnostic

☐ Hindu

☐ Atheist

☐ Muslim

☐ Buddhist

☐ Jehovah's Witness

☐ Catholic

☐ Jewish

☐ Christian: non-denominational

☐ Protestant

☐ Church of the Latter-Day Saints

☐ None

☐ Eastern Orthodox

☐ Prefer not to say

Other (please specify)

8. Are you a resident of North America (i.e. have you spent at least 3 months of the last year living in North America)?

☐ Yes

☐ No

9. What is your country of main residence (i.e. the country in which you spend the most time)?

North American Carillon Community Survey

Section 1. Basic Background Information (continued)

1. What type(s) of disability do you have? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Acquired/Traumatic Brain Injury | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Mental Health/Psychological Condition |
| <input type="checkbox"/> Asperger's/Autism Spectrum | <input type="checkbox"/> Physical/Mobility condition that affects walking |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Physical/Mobility condition that does NOT affect walking |
| <input type="checkbox"/> Cognitive or Learning Disability | <input type="checkbox"/> Speech/Communication Condition |
| <input type="checkbox"/> Chronic Illness/Medical Condition | |
| <input type="checkbox"/> Other (please specify) | |

North American Carillon Community Survey

Section 2. Education and Training

1. What is the highest level of education you have completed?

- | | |
|--|--|
| <input type="radio"/> High school diploma or GED | <input type="radio"/> Master's degree |
| <input type="radio"/> Trade school or college diploma | <input type="radio"/> Professional Master's degree |
| <input type="radio"/> College or university undergraduate degree | <input type="radio"/> PhD or other doctoral degree |
| <input type="radio"/> Other (please specify) | |

2. Broadly, what is the field of your highest level of education or degree? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Law |
| <input type="checkbox"/> Fine and Performing Arts | <input type="checkbox"/> Science and Engineering |
| <input type="checkbox"/> Humanities | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Medicine | |
| <input type="checkbox"/> Other (please specify) | |

3. Have you earned a diploma or degree in music?

- ☐ Yes
- ☐ No
- ☐ Diploma or degree in progress

4. Have you completed a GCNA Exam? Select all that apply.

- ☐ I have completed the Carillonneur Exam.
- ☐ I have completed the Associate Carillonneur Exam.
- ☐ I have not completed a GCNA exam, but intend to within the next five years.
- ☐ I have not completed a GCNA exam, and do not intend to within the next five years.

* 5. Have you ever received lessons in carillon performance?

☐

Yes

☐

No

☐

Prefer not to say

North American Carillon Community Survey

Section 2. Education and Training: Lessons

1. For how long have you taken lessons in carillon performance?

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-6 years
- ☐ More than 6 years

2. Were/Are your lessons eligible for school credit?

- ☐ Yes
- ☐ No
- ☐ Other (please specify)

3. Have you earned a diploma or degree in carillon performance and/or campanology?

- ☐ Yes
- ☐ No
- ☐ Diploma or degree in progress

4. If you have completed a carillon degree, please write down the (1) degree level, (2) the name of the program, (3) country and (4) the year it was received. For example, "Master of Music in Carillon Performance at University of Michigan, USA, 2000".

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility

In this section, we differentiate between a practice keyboard and a carillon.

Please answer these questions without considering the impact of the COVID-19 pandemic (i.e., what your circumstances were like before the pandemic). There will be another section later specifically addressing the impact of COVID-19.

1. Are you able to practice carillon, either on a practice keyboard and/or on a carillon?

- ☐ I have more than enough practice time.
- ☐ I can practice, but my time is limited.
- ☐ I do not usually have the ability to practice carillon.
- ☐ I do not know whether I can currently practice carillon.

2. How do you usually arrange practice time? Check all that apply.

- ☐ I have a practice keyboard.
- ☐ I am in charge of an institution's instrument and/or practice time.
- ☐ I am assigned practice times by someone else.
- ☐ I sign up electronically (ex. an online calendar).
- ☐ I sign up using pen and paper.
- ☐ I do not currently practice.

3. Which of the following describe your access to carillons and practice consoles? Check all that apply.

- ☐ I own or rent my own practice keyboard.
- ☐ I have access to a practice keyboard that is not my own.
- ☐ I have access to a carillon.

4. How would you describe your practice facilities?

| | Never | Sometimes | Usually | All the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| When I practice or play carillon, I am alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel comfortable when I am practicing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The facilities in which I practice and/or play are well lit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The facilities in which I practice are shared with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can easily access a washroom when I am practicing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The facilities in which I practice are clean. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I avoid practicing because of the condition of the practice keyboard. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. What kinds of physical barriers and supports do you encounter at the carillon(s) at which you normally practice or play? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> The facility has an elevator. | <input type="checkbox"/> The carillon has an easily adjustable bench. |
| <input type="checkbox"/> Accessing the facility requires climbing a ladder. | <input type="checkbox"/> The facility is spacious and organized so it is easy to maneuver in. |
| <input type="checkbox"/> Accessing the facility requires opening a heavy or cumbersome door or latch. | <input type="checkbox"/> The facility has an adequate washroom that is easy to access. |
| <input type="checkbox"/> Accessing the facility requires climbing stairs (more than 1 flight of steps). | <input type="checkbox"/> The temperature of the facility is easy to control. |
| <input type="checkbox"/> Accessing the facility requires climbing stairs (fewer than 1 flight of steps). | |
| <input type="checkbox"/> Other (please specify) | |
| <input type="text"/> | |

* 6. Please select which of the following best describes your usual access to a practice keyboard.

- | | |
|---|--|
| <input type="radio"/> I can access a practice keyboard with ease. | <input type="radio"/> There are no practice keyboards that are accessible to me. |
| <input type="radio"/> I can access a practice keyboard some of the time. | <input type="radio"/> Prefer not to say. |
| <input type="radio"/> I can access a practice keyboard with some difficulty. | <input type="radio"/> Does not apply. |
| <input type="radio"/> I can access a practice keyboard with significant difficulty. | |

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility: Practice Keyboard (continued)

1. Which of the following describe why you have difficulty accessing a practice keyboard? Check all that apply.

☐ The times the practice keyboard is available are incompatible with my schedule.

☐ The practice keyboard to which I have access is inaccessible (ex. does not have an elevator).

☐ Interpersonal politics prevent me from accessing the practice keyboard.

☐ There are no practice keyboards that are geographically close enough to visit on a regular basis.

☐ Institutional politics prevent me from accessing the practice keyboard.

☐ I am not able to rent or purchase my own practice keyboard.

☐ Other (please specify)

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility: Carillon Access

Please answer these questions without considering the impact of the COVID-19 pandemic. There will be another section later specifically addressing the impact of COVID-19.

* 1. Please select which of the following best describes your usual access to a carillon (i.e., a performance instrument such as a mobile carillon or tower carillon, rather than a practice keyboard).

- | | |
|--|---|
| <input type="radio"/> I can access a carillon with ease. | <input type="radio"/> There are no carillons that are accessible to me. |
| <input type="radio"/> I can access a carillon some of the time. | <input type="radio"/> Prefer not to say. |
| <input type="radio"/> I can access a carillon with some difficulty. | <input type="radio"/> Does not apply. |
| <input type="radio"/> I can access a carillon with significant difficulty. | |

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility: Carillon Access (continued)

1. Which of the following describe why you have difficulty accessing a carillon? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> The times the practice keyboard and/or carillon are available are incompatible with my schedule. | <input type="checkbox"/> The carillon to which I have access is inaccessible (ex. does not have an elevator). |
| <input type="checkbox"/> Interpersonal politics prevent me from accessing the instrument. | <input type="checkbox"/> There are no carillons that are geographically close enough to visit on a regular basis. |
| <input type="checkbox"/> Institutional politics prevent me from accessing the instrument. | |
| <input type="checkbox"/> Other (please specify) | |

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility: Safety

Please answer these questions without considering the impact of the COVID-19 pandemic. There will be another section later specifically addressing the impact of COVID-19.

* 1. Do you feel safe when practicing or playing carillon?

- ☐ I feel safe all or most of the time.
- ☐ I feel safe sometimes.
- ☐ I never or rarely feel safe when practicing or playing carillon.
- ☐ Prefer not to say.
- ☐ Does not apply.

North American Carillon Community Survey

Section 3. Carillon Access and Accessibility: Safety (continued)

1. Why have you not felt safe when practicing or playing the carillon? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> The facility feels/felt poorly maintained or constructed. | <input type="checkbox"/> Navigating the facility feels/felt dangerous. (ex. it requires climbing a steep ladder) |
| <input type="checkbox"/> The facility feels/felt isolated. | <input type="checkbox"/> There is an individual or individuals who make me feel unsafe. |
| <input type="checkbox"/> The facility feels/felt like it is/was lacking adequate security measures. | <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other (please specify) | |

North American Carillon Community Survey

Section 4. Professional Carillon Life

1. Which of the following best describes your current position(s) related to performing or teaching carillon?
Check all that apply.

- ☐ I hold a paid position.
- ☐ I hold a volunteer position.
- ☐ I hold an 'on call' or substitute position.
- ☐ I do not hold any positions.
- ☐ Other (please specify)

2. If, in the past 5 years (since January 2016), you have received an income or payment(s) for performing or teaching carillon, please select the description that best fits.

- ☐ I receive a full-time salary.
- ☐ I receive a part-time salary.
- ☐ I receive sporadic or one-time payments (ex. per performance).
- ☐ N/A (I do not receive payments.)
- ☐ Prefer not to say.

3. Do you have opportunities to perform on a carillon?

- ☐ I have ample performance opportunities.
- ☐ I have some performance opportunities.
- ☐ I have very limited performance opportunities.
- ☐ I do not have performance opportunities.

4. Are you satisfied with your performance opportunities?

- ☐ Yes
- ☐ No
- ☐ N/A

5. How often do you perform?

- ☐ I perform frequently (ex. daily or weekly recitals).
- ☐ I perform regularly (ex. monthly recitals).
- ☐ I perform periodically (ex. holidays and/or special events).
- ☐ I perform sporadically (ex. substitute or 'as needed' performances).
- ☐ I never or rarely perform.

6. What **unpaid** performances do you play? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Daily or weekly standalone performances | <input type="checkbox"/> Special events (ex. weddings, funerals, graduations) |
| <input type="checkbox"/> Monthly standalone performances | <input type="checkbox"/> Summer concert series |
| <input type="checkbox"/> Religious services and holidays | <input type="checkbox"/> Festivals or conferences |
| <input type="checkbox"/> Governmental or non-denominational holidays | |
| <input type="checkbox"/> Other (please specify) | |

7. What **paid** performances do you play? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Daily or weekly standalone performances | <input type="checkbox"/> Special events (ex. weddings, funerals, graduations) |
| <input type="checkbox"/> Monthly standalone performances | <input type="checkbox"/> Summer concert series |
| <input type="checkbox"/> Religious services and holidays | <input type="checkbox"/> Festivals or conferences |
| <input type="checkbox"/> Governmental or non-denominational holidays | |
| <input type="checkbox"/> Other (please specify) | |

8. In the past five years (since January 2016), have you taken any professional development related to carillon? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I have completed or studied for the GCNA's Associate Carillonneur exam. | <input type="checkbox"/> I have participated in the GCNA's webseries. |
| <input type="checkbox"/> I have completed or studied for the GCNA's Carillonneur Exam. | <input type="checkbox"/> I have read one or more articles in the GCNA's Bulletin. |
| <input type="checkbox"/> I have attended a European carillon school (ex. the Royal Carillon School in Belgium). | <input type="checkbox"/> I have read one or more books on carillon history or campanology. |
| <input type="checkbox"/> I have studied towards a degree in carillon through an accredited postsecondary carillon program (ex. University of Michigan). | <input type="checkbox"/> I have attended a carillon conference or festival. |
| <input type="checkbox"/> I have studied towards a degree in music with the intention of improving my knowledge of carillon. | <input type="checkbox"/> I have attended or participated in a masterclass. |
| <input type="checkbox"/> I have taken one or more general music courses with the intention of improving my knowledge for carillon purposes. | |
| <input type="checkbox"/> Other (please specify) | |

9. Do you feel you have sufficient professional development opportunities?

- ☐ Yes
- ☐ No
- ☐ Other (please specify)

10. What professional development opportunities do you feel would be most valuable to you in the future?

Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> In-person regional conferences (i.e. multiple sessions and formats in a concentrated period) | <input type="checkbox"/> In-person masterclasses |
| <input type="checkbox"/> Virtual conferences | <input type="checkbox"/> Virtual masterclasses |
| <input type="checkbox"/> In-person local workshops (i.e. single sessions) | <input type="checkbox"/> A mentorship program |
| <input type="checkbox"/> Virtual workshops | |
| <input type="checkbox"/> Other (please specify) | |

* 11. In the past five years (since January 2016), have you invited or recommended performers to perform at a carillon?

- ☐ Yes
- ☐ No
- ☐ I am not in a position to invite or recommend performers to a carillon.
- ☐ Prefer not to say.
- ☐ Does not apply.

North American Carillon Community Survey

Section 4. Professional Carillon Life: Inviting Carillonneurs

1. What factors have influenced whether you invited or recommended a performer?

- | | |
|---|--|
| <input type="checkbox"/> The performer's reputation. | <input type="checkbox"/> The performer's reliability as a previous performer at the carillon. |
| <input type="checkbox"/> The performer's geographical proximity to the carillon. | <input type="checkbox"/> Personal or institutional desire to increase diversity of performers at the carillon. |
| <input type="checkbox"/> The performer was already performing at carillons nearby. | <input type="checkbox"/> Personal desire to support a colleague and have a colleague visit. |
| <input type="checkbox"/> The performer's recent completion of the GCNA Carillonneur exam (or equivalent). | <input type="checkbox"/> Personal desire to support a mentee or have a mentee visit. |
| <input type="checkbox"/> The performer's status as a GCNA Carillonneur. | <input type="checkbox"/> The performer's recent winning of a competition. |
| <input type="checkbox"/> Other (please specify) | |

2. When you invite performers, do you suggest or enforce performance requirements?

- | | |
|---|---|
| <input type="checkbox"/> The performance must be appropriate for the institution (ex. religious music). | <input type="checkbox"/> Suggestions are made but not enforced. |
| <input type="checkbox"/> The performance must be appropriate for the audience (ex. pop music). | <input type="checkbox"/> I do not usually make suggestions or enforce requirements. |
| <input type="checkbox"/> The performance must meet certain diversity requirements (ex. must include at least one composition written by a woman). | |
| <input type="checkbox"/> Other (please specify) | |

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: GCNA membership

This section will ask you about your social networks and social supports in the carillon community.

* 1. Are you a current member of the GCNA?

- | | |
|---|--|
| <input type="radio"/> I am a student member. | <input type="radio"/> I have been a member of the GCNA in the past, but am not currently a member. |
| <input type="radio"/> I am an Associate member. | <input type="radio"/> I have never been a member of the GCNA. |
| <input type="radio"/> I am a Carillonneur member. | <input type="radio"/> Prefer not to say. |
| <input type="radio"/> I am an Honorary member. | <input type="radio"/> Does not apply. |
| <input type="radio"/> I am a Sustaining member. | |

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: GCNA Membership (continued)

1. For how many years have you been a member?

☐

I have never been a member.

☐

11-20 years

☐

Fewer than 3 years

☐

More than 20 years

☐

4-10 years

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Former GCNA Member

1. At what level were you when you last renewed your membership?

- ☐ Student member
- ☐ Associate Carillonneur member
- ☐ Carillonneur member
- ☐ Honorary member
- ☐ Sustaining member

2. Why did you not renew your membership? (Select all that apply.)

- ☐ I no longer play carillon.
- ☐ I am no longer interested in the GCNA.
- ☐ The GCNA membership is too expensive/not worth the money.
- ☐ I only joined the GCNA to complete the Associate Carillonneur and/or Carillonneur exam.
- ☐ I no longer live in North America.
- ☐ Other (please specify)

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Non-GCNA Member

1. Why are you not interested in becoming a member of the GCNA? Check all that apply.

- ☐ I do not play the carillon (anymore).
- ☐ I am uncertain of playing the carillon in the future.
- ☐ I am not interested in the GCNA.
- ☐ The GCNA membership is too expensive/not worth the money.
- ☐ I am a member of another professional carillon organization.
- ☐ I do not live in North America.
- ☐ I consider my role in the carillon community as more casual.
- ☐ Other (please specify)

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Congress

This section will ask you about your social networks and social supports in the carillon community.

* 1. Have you ever attended a Congress?

☐

Yes

☐

No

☐

Prefer not to say

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Has Attended Congress

1. Why have you attended Congress? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> To see friends and colleagues | <input type="checkbox"/> To attend performances |
| <input type="checkbox"/> To learn about new carillon research and technologies | <input type="checkbox"/> For professional development opportunities (ex. networking) |
| <input type="checkbox"/> To learn about new carillon music | <input type="checkbox"/> My carillon teacher or mentor encouraged my participation |
| <input type="checkbox"/> To take the Carillonneur exam | <input type="checkbox"/> My school financially supported my participation |
| <input type="checkbox"/> To perform | <input type="checkbox"/> My employer financially supported my participation |
| <input type="checkbox"/> Other (please specify) | |

2. For what reasons have you not attended Congress? Check all that apply.

- ☐ Too expensive
- ☐ Inconvenient scheduling
- ☐ Inconvenient locations
- ☐ I'm not interested in attending
- ☐ Other (please specify)

3. What would make Congress more accessible for you?

4. Would you prefer Congress to be scheduled during the week or on the weekend?

- ☐ Weekdays
- ☐ Weekends
- ☐ I have no preference
- ☐ Other (please specify)

5. For each statement, select the column that best represents how you would rate the Congress based on your direct experiences:

| | Strongly agree | Agree | Somewhat disagree | Disagree | Prefer not to answer |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When I attend Congress, I learn about new carillon music. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel welcomed at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| People tend to be 'cliquey' at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I hear diversity of music played at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I see diversity of performers at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel unsure of my place at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel inspired after attending Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have made new friends at Congress. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Has Not Attended Congress

1. For what reasons have you not attended Congress? Check all that apply.

- ☐ Too expensive
- ☐ Inconvenient scheduling
- ☐ Inconvenient locations
- ☐ I'm not interested in attending
- ☐ Other (please specify)

2. What would make Congress more accessible for you?

3. Would you prefer Congress to be scheduled during the week or on the weekend?

- ☐ Weekdays
- ☐ Weekends
- ☐ I have no preference
- ☐ Other (please specify)

North American Carillon Community Survey

Section 5. Carillon Networks and Supports

This section will ask you about your social networks and social supports in the carillon community.

1. What supports do you have in your interest in carillon? Check all that apply.

- ☐ I am supported by a mentor.
- ☐ I am supported by a colleague.
- ☐ I am supported by a community group.
- ☐ I am supported by the GCNA.
- ☐ Other (please specify)

* 2. Have you ever served as a teacher for others in the carillon community?

- ☐ I currently serve as a teacher.
- ☐ I previously served as a teacher.
- ☐ I have not served as a teacher.
- ☐ Prefer not to say.

3. What supportive roles have you played for others in the carillon community? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I currently serve as a teacher. | <input type="checkbox"/> I previously served as a mentor. |
| <input type="checkbox"/> I currently serve as a mentor. | <input type="checkbox"/> I currently provide peer support. |
| <input type="checkbox"/> I previously served as a teacher. | <input type="checkbox"/> I previously provided peer support. |

North American Carillon Community Survey

Section 5. Carillon Networks and Supports: Teaching

1. How many students have you taught carillon over your career? Only count students whom you taught for more than one month.

- | | |
|---|--|
| <input type="radio"/> I have never taught carillon. | <input type="radio"/> I have taught between 51 and 100 students. |
| <input type="radio"/> I have taught fewer than 10 students. | <input type="radio"/> I have taught more than 100 students. |
| <input type="radio"/> I have taught between 11 and 50 students. | |

2. How many students do you currently teach carillon?

- | | |
|--|--|
| <input type="radio"/> I don't currently teach. | <input type="radio"/> More than 10 students. |
| <input type="radio"/> 1-3 students. | <input type="radio"/> Prefer not to say. |
| <input type="radio"/> 4-10 students. | |

3. What estimated percentage of your former and current students still play carillon and/or are active in the carillon community?

- | | |
|--|---|
| <input type="radio"/> Fewer than 20% | <input type="radio"/> More than 50% |
| <input type="radio"/> Between 20 and 50% | <input type="radio"/> Prefer not to say |

North American Carillon Community Survey

Section 6. Carillon Culture

This section will ask you to describe carillon culture as you have personally experienced it.

1. How satisfied or dissatisfied are you with the overall climate/environment that you experienced in the carillon community in the last five years (since January 2016)?

- | | |
|--|---|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Very satisfied |
| <input type="radio"/> Dissatisfied | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> N/A |
| <input type="radio"/> Satisfied | |

2. How satisfied or dissatisfied are you with the overall climate/environment that you experienced in the carillon community PRIOR to the last five years (prior to January 2016)?

- | | |
|--|---|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Very satisfied |
| <input type="radio"/> Dissatisfied | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> N/A |
| <input type="radio"/> Satisfied | |

3. How satisfied are you that offensive or inappropriate language, jokes, or behaviors are not tolerated in the GCNA?

- | | |
|--|---|
| <input type="radio"/> Very dissatisfied | <input type="radio"/> Satisfied |
| <input type="radio"/> Dissatisfied | <input type="radio"/> Very satisfied |
| <input type="radio"/> Neither satisfied nor dissatisfied | <input type="radio"/> Prefer not to say |

4. For the next few questions, for each adjective, select the column that best represents how you would rate the carillon community based on your direct experiences:

| | Not at all | Somewhat | Generally | Highly | N/A |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Friendly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Racist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diverse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respectful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ageist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Welcoming | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Homophobic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Competitive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opinionated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Considering your own direct experience, please indicate your level of agreement with the following statements:

| | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree | Prefer Not To Say | N/A |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I feel I belong in the carillon community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GCNA has a strong commitment to diversity, equity, and inclusion. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have left or considered leaving the GCNA because I felt isolated or unwelcome. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have left or considered leaving the carillon community because I felt isolated or unwelcomed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am treated with respect in the carillon community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have opportunities for professional success similar to those of my colleagues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel extra pressure to be friendly to people in the carillon community because they control access to carillons. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Have you ever felt discriminated against in the carillon community?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to say

7. Have you ever experienced microaggressions (subtle questions or comments about your race, gender, sexuality, and/or culture, usually with a negative connotation) in the carillon community?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to say

8. Have you ever felt harassed in the carillon community?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to say

9. Over the last 10 years (since January 2011), how often have you experienced discriminatory events or harassment in the carillon community because of your:

| | Never | 1-2 times | 3 or more times | Unsure | Prefer Not To Say |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Ability or disability status | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Racial or ethnic identity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexual orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gender identity or gender expression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Beliefs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 10. If you have been harassed and/or discriminated against, have you ever reported your experiences? Reporting may include informal instances where you have told friends or family.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Does not apply

11. If you have experienced harassment and/or discrimination, and would like to provide more details, please write the details below. The final part of the survey will ask if you would like to give an oral interview as well.

North American Carillon Community Survey

Section 6. Carillon Culture (continued)

1. To whom did you report your harassment?

- ☐ GCNA
- ☐ The institution at which the event took place
- ☐ Colleague
- ☐ Friend
- ☐ Local law enforcement
- ☐ Mentor
- ☐ Family
- ☐ Other (please specify)

2. After reporting your experience with harassment, were you satisfied with the outcome?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to say

North American Carillon Community Survey

Section 6. Carillon Culture (continued)

1. Why did you choose not to report your experience with harassment? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> There was no reporting method available to me. | <input type="checkbox"/> The methods available do not have any power to help me. |
| <input type="checkbox"/> I did not know there was a reporting process, and/or the process was confusing. | <input type="checkbox"/> I wanted to protect my privacy. |
| <input type="checkbox"/> I have already had a bad experience with reporting. | <input type="checkbox"/> I wanted to move on or forget the experience. |
| <input type="checkbox"/> I do not trust or have had bad experiences with the people running the process. | <input type="checkbox"/> I felt like the incident wasn't serious enough to report. |
| <input type="checkbox"/> Those that harassed or discriminated against me have power to affect me negatively. | <input type="checkbox"/> Someone dissuaded me from reporting the incident. |
| <input type="checkbox"/> I did not want to negatively impact the person/people responsible. | |

Other (please specify)

North American Carillon Community Survey

Section 7. COVID-19 Pandemic: Access and Restrictions

1. How has the COVID-19 pandemic affected your access to practice facilities? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> It has reduced my access to practice facilities because of government policies (ex. stay at home orders). | <input type="checkbox"/> It has increased my access to practice facilities. |
| <input type="checkbox"/> It has reduced my access to practice facilities because of institutional policies. | <input type="checkbox"/> I have rented or purchased a practice keyboard as a direct result of COVID. |
| <input type="checkbox"/> My access to practice facilities has not been impacted. | <input type="checkbox"/> I have chosen to reduce my practice to avoid risk. |
| <input type="checkbox"/> Other (please specify) | |

2. What kinds of new protocols have been instituted by your practice facility and/or carillon? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I must wear a mask at all times, even when alone. | <input type="checkbox"/> I must wash or sanitize my hands before using the facility. |
| <input type="checkbox"/> I must wear a mask when others are present. | <input type="checkbox"/> I must complete a health check-in (ex. temperature test by security guard) before using the facility. |
| <input type="checkbox"/> I must practice or play alone. | <input type="checkbox"/> I must agree to a self-administered health check-in (ex. temperature test at home) before using the facility. |
| <input type="checkbox"/> There is a mandatory waiting time between people using the facility (ex. 4 hours between practice sessions). | <input type="checkbox"/> I must clean the instrument or space after use. |
| <input type="checkbox"/> There are caps on the number of people who can be in the facility at any one time. | |
| <input type="checkbox"/> Other (please specify) | |

North American Carillon Community Survey

Section 7. COVID-19 Pandemic: Teaching, Study, and Performance

1. How has the COVID-19 pandemic impacted your teaching of carillon? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> I was not teaching carillon before COVID. | <input type="checkbox"/> I have expanded my range of teaching content to accommodate virtual classes. |
| <input type="checkbox"/> It has not changed my teaching of carillon. | <input type="checkbox"/> I have purchased new supplies (ex. camera or high speed internet) expressly for teaching carillon. |
| <input type="checkbox"/> I have taught virtual classes for the first time. | <input type="checkbox"/> I have reduced the number of students I normally teach. |
| <input type="checkbox"/> I have discontinued in-person classes. | <input type="checkbox"/> Does not apply. |
| <input type="checkbox"/> I have discontinued teaching. | <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other (please specify) | |

2. How has the COVID-19 pandemic impacted your carillon performances? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> It has not impacted the number of performances. | <input type="checkbox"/> I no longer have access to a carillon. |
| <input type="checkbox"/> I have fewer performances than usual. | <input type="checkbox"/> Does not apply. |
| <input type="checkbox"/> I have more performances than usual. | <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> I have livestreamed my performances for the first time or regularly livestream although I didn't previously. | |
| <input type="checkbox"/> Other (please specify) | |

3. How has the COVID-19 pandemic impacted your study of carillon? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I did not/will not submit an GCNA Associate Carillon exam application as I planned. | <input type="checkbox"/> My carillon lessons are now conducted online. |
| <input type="checkbox"/> I did not/will not submit a GCNA Carillonneur exam application as I planned. | <input type="checkbox"/> I have changed the focus of my carillon studies to accommodate what is accessible (ex. a focus on composition rather than performance). |
| <input type="checkbox"/> I did not/will not participate in my carillon program as I planned. | <input type="checkbox"/> Does not apply. |
| <input type="checkbox"/> I have joined a distance or virtual learning program to continue my carillon studies. | <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other (please specify) | |

4. How could your carillon studying, practice, teaching, and/or performing be better supported at this time?

North American Carillon Community Survey

Additional Comments

1. Please feel free to use this space to submit any comments you have on the survey, elaborate on any of your responses, and/or provide additional information that you feel is relevant to the carillon community in North America.

North American Carillon Community Survey

Voluntary Interview and Follow-up

If you are interested in being interviewed on your experiences in the carillon community, please write down your full name and best way to contact you (phone: XXX-XXXX, email: XXX@XXX.com, etc.).

Interviews are voluntary and will remain anonymous to everyone but the surveyors, Michelle Lam and Elisa Tersigni.

1. First Name, Last Name

2. Best Way to Contact You