

TRANSFORMATIVE FILM CULTURE FOR HULL 2017 AUDIENCE SURVEY

Thank you for attending this event. Please take a few minutes to feedback on your experience to help us improve future screenings and ensure as many people enjoy them as possible.

About the screening/event

Name of venue _____ Film/event attended _____

Date of film/event attended (DD/MM/YYYY) ____ / ____ / _____

How did you find out about this screening? (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Email newsletter | <input type="checkbox"/> Brochure / leaflet | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper / magazine | <input type="checkbox"/> Posters | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Online trailer | <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Other _____ | | |

On a scale of 1-10, where 1 is Strongly Disagree and 10 is Strongly Agree, how much would you agree or disagree with the following statements about the event you attended?

	Strongly Disagree							Strongly Agree		
	1	2	3	4	5	6	7	8	9	10
It was an interesting idea										
It was well produced and presented										
I would come to something like this again										
It is important that it's happening here in Hull										
I would recommend this event to friends / family										
I would attend an event like this in Hull again										
Overall, this experience was a good one										

When was the last time you attended a screening or other cinematic event in Hull?

- This is my first time Past month Past 6 months Past year Over a year

Any other comments about your experience at this event?

Now, some information about you

We will not use this information for any other purpose than evaluation.

Please provide your home postcode _____

Are you?

Female Male Other Prefer not to say

How old are you?

0-4 5-12 13-19 20-29 30-44 45-64 65+

prefer not to say

What is your employment status?

Employed (full-time / part-time / self-employed) Retired
 Unemployed Other
 Full-time Student Prefer not to say

What is your ethnicity?

Asian/ Asian British/ South Asian White British Other ethnic group
 Black/ African/ Caribbean/ Black British White Other Prefer not to say
 Mixed/ Multiple ethnic groups

What is your sexual orientation?

Bisexual Gay man Gay woman/ Lesbian
 Heterosexual/Straight Other Prefer not to say

Do you consider yourself to have a disability?

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial long term effect on a person's ability to carry out normal day-to-day activities'.

Yes No Prefer not to say