

SOMEONE YOU LOVE

THE HPV EPIDEMIC

HOST FEEDBACK FORM

Host's Name: _____ **Organization:** _____

E-Mail: _____ **Phone:** _____

Date of event: _____ **Time of day:** _____

Where did you host the film? County _____

Type of Facility

☐ Physician's office ☐ Classroom ☐ Auditorium

☐ Conference room ☐ Gymnasium ☐ Theater

☐ Other _____

How many attended? (refer to sign-in sheet) _____

How did you promote the event? (check all that apply)

☐ Word of mouth

Electronic: ☐ Text ☐ E-newsletter ☐ Listserv ☐ Other _____

Social Media: ☐ Facebook ☐ Twitter ☐ Instagram ☐ LinkedIn ☐ Other _____

Print: ☐ Posters ☐ Flyers ☐ Palm cards ☐ Other _____

☐ PSAs (if so, what station?) _____

☐ PR (if so, what paper?) _____

☐ Other _____

Who was your target audience for the *Someone You Love* film viewing?

☐ Healthcare Providers ☐ Young Adults/Older Adolescents

☐ Parents/Guardians ☐ General Audience

Did you have a panel? ☐ Yes ☐ No

If yes, how many were on your panel? _____

Panelist Name Title/Survivor

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Panelist Name Title/Survivor

What suggestions would you have to improve your *Someone You Love* experience?

Do you intend to host another viewing of *Someone You Love*?

☐ Yes

☐ No

☐ Not sure

Thank You!

Within 14 days of hosting your event, please return completed form, along with Pre/Post Surveys, to:

Please e-mail or mail completed forms to:

E-mail: info@someoneyouloveohio.org

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