

# PRE SURVEY

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## SOMEONE YOU LOVE FILM VIEWING

Please answer the following questions PRIOR to viewing the film.

**Current Gender:** ☐ Male ☐ Female **Age:** \_\_\_\_\_

**I am a:** ☐ Student ☐ Parent/Guardian ☐ Healthcare Provider ☐ Other

**Race:** ☐ White ☐ Black or African-American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander  
☐ American Indian or Alaska Native

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check your answer(s) to each question.

**1. HPV is a rare, sexually transmitted disease.**

☐ True ☐ False ☐ Don't Know

**2. You will know you have HPV because you will have immediate symptoms.**

☐ True ☐ False ☐ Don't Know

**3. You can only get HPV through vaginal sex.**

☐ True ☐ False ☐ Don't Know

**4. How can you protect yourself against HPV?**

☐ Condoms ☐ Abstinence (not having sex) ☐ HPV Vaccine ☐ All of the previous ☐ Don't Know

**5. What type(s) of cancer can be caused by HPV?**

☐ Cervical ☐ Penile ☐ Oral ☐ All of the previous ☐ Don't know

**6. If you have HPV, but don't have symptoms, you cannot spread the virus.**

☐ True ☐ False ☐ Don't Know

**7. The HPV vaccine prevents HPV; it does not cure HPV.**

☐ True ☐ False ☐ Don't Know

**8. How safe do you think the vaccine is that prevents HPV?**

Circle the number below on the scale 1-5. (Not safe at all) 1 2 3 4 5 (Very safe)

**9. How important do you think it is for people between the ages of 9 and 26 to be vaccinated to prevent HPV?**

Circle the number below on the scale 1-5. (Not important) 1 2 3 4 5 (Very important)

**10. If you are a healthcare provider, please answer the following question:**

**How likely are you to talk to your patients about HPV?**

Circle the number below on the scale 1-5. (Not very likely) 1 2 3 4 5 (Very likely)

**If you are NOT a healthcare provider, please answer the following question:**

**How likely are you to talk to your/your child's doctor about HPV?**

Circle the number below on the scale 1-5. (Not very likely) 1 2 3 4 5 (Very likely)

# POST SURVEY

## SOMEONE YOU LOVE FILM VIEWING

Please answer the following questions AFTER viewing the film.

**Current Gender:** ☐ Male ☐ Female **Age:** \_\_\_\_\_

**I am a:** ☐ Student ☐ Parent/Guardian ☐ Healthcare Provider ☐ Other

**Race:** ☐ White ☐ Black or African-American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander  
☐ American Indian or Alaska Native

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Check your answer(s) to each question.

**1. HPV is a rare, sexually transmitted disease.**

☐ True ☐ False ☐ Don't Know

**2. You will know you have HPV because you will have immediate symptoms.**

☐ True ☐ False ☐ Don't Know

**3. You can only get HPV through vaginal sex.**

☐ True ☐ False ☐ Don't Know

**4. How can you protect yourself against HPV?**

☐ Condoms ☐ Abstinence (not having sex) ☐ HPV Vaccine ☐ All of the previous ☐ Don't Know

**5. What type(s) of cancer can be caused by HPV?**

☐ Cervical ☐ Penile ☐ Oral ☐ All of the previous ☐ Don't know

**6. If you have HPV, but don't have symptoms, you cannot spread the virus.**

☐ True ☐ False ☐ Don't Know

**7. The HPV vaccine prevents HPV; it does not cure HPV.**

☐ True ☐ False ☐ Don't Know

**8. How safe do you think the vaccine is that prevents HPV?**

Circle the number below on the scale 1-5. (Not safe at all) 1 2 3 4 5 (Very safe)

**9. How important do you think it is for people between the ages of 9 and 26 to be vaccinated to prevent HPV?**

Circle the number below on the scale 1-5. (Not important) 1 2 3 4 5 (Very important)

**10. If you are a healthcare provider, please answer the following question:**

**How likely are you to talk to your patients about HPV?**

Circle the number below on the scale 1-5. (Not very likely) 1 2 3 4 5 (Very likely)

**If you are NOT a healthcare provider, please answer the following question:**

**How likely are you to talk to your/your child's doctor about HPV?**

Circle the number below on the scale 1-5. (Not very likely) 1 2 3 4 5 (Very likely)