

SOMEONE YOU LOVE
THE **HPV** EPIDEMIC

SMALL GROUP HOST FEEDBACK FORM

Practice/Clinic Name: _____ County: _____

Date/Time Period of Film Viewing: _____

Total Attended: _____, including _____ Doctors, _____ Nurses, _____ Office Staff

Provide up to 3 strategies that you will implement in your practice to increase HPV vaccination uptake

1.

2.

3.

Would you like assistance in hosting a group or public viewing of the *Someone You Love* film?

☐ Yes ☐ No

Date Completed _____

Your Name/ Organization _____

Your Contact Information _____

Please return completed form, along with Pre/Post Surveys to:

Please e-mail or mail completed forms to:

E-mail: info@someoneyouloveohio.org

Darla Fickle, The OSU Comprehensive Cancer Center
1590 N. High St., Suite 525
Columbus, OH 43201