

## LARGE GROUP 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

\_\_\_\_\_

Panelist Name Title/Survivor

\_\_\_\_\_

Panelist Name Title/Survivor

\_\_\_\_\_

Panelist Name Title/Survivor

\_\_\_\_\_

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](mailto:info@someoneyouloveohio.org)

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