

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:

1. Name of venue _____ 2. Film/event attended _____

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Enewsletter | <input type="checkbox"/> Brochure/leaflet | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper or 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 _____ | |

5. What was the main motivation for you attending this screening?

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> The genre | <input type="checkbox"/> The subject | <input type="checkbox"/> The actor(s) |
| <input type="checkbox"/> The director(s) | <input type="checkbox"/> The reviews | <input type="checkbox"/> To experience something new |
| <input type="checkbox"/> Recommended by friends /family | <input type="checkbox"/> The venue | <input type="checkbox"/> The timing |
| <input type="checkbox"/> Extra activities (intro, Q&A, workshop, discussion, etc) | <input type="checkbox"/> The film | |
| | <input type="checkbox"/> Other _____ | |

6. Overall, how would you rate your experience at this event? (★ = poor, ★★★★★ = brilliant)

- ★ ★★ ★★★ ★★★★ ★★★★★

If ★ or ★★, how could it have been improved? _____

7. If you could describe your experience in three words what would they be?

8. When was the last time you attended a screening or event at this venue?

- This is my first time. During the past month past 6 months past year. Not for over a year.

9. How likely are you to attend a screening or event like this again?

- Very likely Likely Don't know Not likely Definitely not

10. How did this event/screening compare to watching a film at home or on demand? It was:

The same Better, because _____

Worse, because _____

Please turn over

Now, some information about you:

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

11. Please provide your home postcode _____

12. Are you?

Female Male Other: _____ Prefer not to say

13. How old are you?

0-4 5-15 16-19 20-24 25-34 35-44 45-64 65+

14. What is your ethnicity?

Asian or Asian British White Other ethnic group: _____
 Black or Black British Mixed/Multiple ethnic groups Prefer not to say

15. 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

About your film watching habits:

16. In the last 12 months, where have you watched films? (Select all that apply)

TV DVD/Bluray Online Multiplex cinema Independent/arthouse cinema
 Community cinema or film society Pop-up screenings Other _____

17. What type of films do you usually watch? (Select all that apply)

Mainstream Hollywood films Foreign language/world cinema British films
 Archive films (films 10+ years old) Documentaries Short films Artists' Moving Image
 Films with subjects relating to diversity (e.g. Black, Asian, Minority ethnic groups, LGBTQ, disability)
 Other _____

18. Were you aware that this event is supported by *Film Hub Wales*? Yes No

19. Would you be interested in taking part in further research? Yes No

If yes, please enter your email address in BLOCK CAPITALS: _____

Your preferred language: in English yn Gymraeg

Any further comments:

Thank you for your time and support.