

Dementia-friendly screening survey

This survey will help us understand who is attending our event, what we are getting right, and what we can improve. Please complete one survey per person. Thank you.

1. What would you say about this screening/event?

Good

Not good

Average

Unsure

2. How would you describe your experience at this dementia-friendly screening?

3. Would you say any of these describes you?

Please tick the categories that are relevant to you.

I am a person living with dementia

I know someone with dementia

I am a carer for a person with dementia

I work with someone with dementia

I am a friend of a person with dementia

I don't know anyone with dementia

I am a relative of a person with dementia

4. How did you find out about this dementia-friendly screening?

Please tick all relevant answers.

A website

Newspaper or magazine

(state which) _____

Radio or television

Social media (eg. Facebook or Twitter)

Recommended by a friend or relative

(state which) _____

Other (please state) _____

An email newsletter

None of these

(state which) _____

Can't remember

A brochure or leaflet

A poster

5. How did you get to the screening?

6. What would you change about your experience at this screening?

7. Would you attend a dementia-friendly screening like this again?

Yes

No

Unsure

Please turn over >>>

8. When was the last time you attended a cinema screening?

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

Please fill in your name, email address and phone number if you would like to receive information from us about future dementia-friendly events.

Name _____

Email _____

Phone number _____

We would like to know more about you so we can improve future screenings. If you're happy to, please answer the questions on this page.

9. What is your gender?

- Female Other
Male Prefer not to say

10. How old are you?

Prefer not to say

11. Which is your ethnicity?

- Asian/ Asian British/ South Asian White Other
Black/ African/ Caribbean /Black British Other ethnic group
Mixed/ Multiple ethnic groups Prefer not to say
White British

12. What is your sexuality?

- Bisexual Gay woman / Lesbian
Heterosexual / Straight Other
Gay man Prefer not to say

13. Do you consider yourself to have a disability?

- Yes
No
Prefer not to say

Thank you for your time and for supporting us by completing this survey.

OFFICE USE ONLY

Exhibitor/Venue: _____

Date: _____

Screening: _____