



Movie Screening Survey

The purpose of this survey is to help understand the impact of the human papillomavirus (HPV) movie “Someone You Love”. **Completing this survey is voluntary.** If you choose to participate, please answer the questions by placing a check mark in the box by your answer. There should not be any risk or inconvenience to you except for a few minutes of your time. All information collected will be used only for research and program evaluation and will be kept confidential. There will be no connection to you specifically in the results or in future publication of the results. You may contact Linda Ochs, linda.ochs@snco.us, 785-251-2035 with any questions or concerns. This movie is a project of the Immunize Kansas Coalition and the Shawnee County Health Department.

Participating in this survey will not affect any services you may be receiving. It will not affect your grade in any classes. Are you willing to take this survey?

Yes

No

Please answer the following questions before you watch the movie “Someone You Love”

1. Prior to this movie, have you ever heard of Human Papillomavirus or HPV?

Yes

No

2. If yes, where did you hear or read about it? Please be as specific as possible:

3. HPV can cause cancer in (please answer to the best of your knowledge):

Neither males nor females

Both males and females

Males only

Females only

4. Have you had the HPV vaccine?

Yes,

No

I am not sure

5. Do you want to get the HPV vaccination?

Yes, Why: _____

No, Why: _____

Thank you for completing this survey..

Please answer the following questions after you watch the movie “ Someone You Love”

1. Can HPV cause cancer in:

- Neither males nor females
- Both males and females
- Males only
- Females only

2. If you have not had the vaccine will you talk to your parents about it?

- Yes,
- No
- I have already had the vaccine

3. Would you recommend the “Someone You Love ” movie to others?

- Yes, Why: _____
- No, Why: _____

4. Do you support HPV vaccination?

- Yes, Why: _____
- No, Why: _____

5. Would you choose the HPV vaccine for yourself?

- Yes, Why: _____
- No, Why: _____

Tell us about you:

6. Gender:

- Female
- Male
- Transgender

7. Are you Hispanic or Latino?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

8. How would you describe yourself (please select all that apply)?

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Asian
- Other