



Movie Screening Survey

Thank you for completing this survey. Your feedback is important. Please answer the following survey questions as honestly as possible. The purpose of this survey is to help us understand the impact of human papillomavirus (HPV) Screening film "Someone You Love". **Completing this survey is voluntary.** If you choose to participate, please answer the questions on page 1 *before* watching "Someone You Love" and answer page 2 *after* you finish watching "Someone You Love". We do not anticipate that taking this survey will contain any risk or inconvenience to you except for 10 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 Hope Krebill, hkrebill@kumc.edu , 913-588-3739, if you have questions or concerns.

Please answer the following questions before you watch the documentary: Someone You Love

1. Prior to this event, have you ever heard of Human papillomavirus or HPV?

Yes

No

2. In addition to this event, 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 ever discussed reasons for or against getting the HPV vaccine with an adult you know?

Yes, I encouraged them to get the vaccine for themselves or for their children

Yes, I discouraged them from getting the vaccine for themselves or for their children

I neither encouraged or discouraged getting the vaccine for themselves or their children

No, I am not aware that there is a vaccine

No

5. Do you support HPV vaccination?

Yes, Why: _____

No, Why: _____

Thank you for completing page 1.

Please complete page 2 of the survey after watching the film.

Please answer the following questions after you watch the documentary: Someone You Love

1. Can HPV cause cancer in:

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

2. Do you intend to discuss reasons for or against getting the HPV vaccine with someone you know?

- Yes, I will encourage them to get the vaccine for themselves or for their children
- Yes, I will discourage them from getting the vaccine for themselves or for their children
- I will neither encourage or discourage getting the vaccine for themselves or their children
- No, I am not aware that there is a vaccine
- No

3. Would you recommend the "Someone You Love Documentary" to others?

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

4. Do you support HPV vaccination?

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

5. Would you choose the HPV vaccine for your own children?

- Yes, Why: _____
- No, Why: _____
- I don't have children

Tell us about you:

6. Gender:

- Female
- Male

7. Are you a health care provider?

- Yes
- No

8. Do you have children/young adults living in your household?

- Yes
- No

9. Are you 18 years old or older?

- Yes
- No

9. Are you Hispanic or Latino?

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

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

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