



Audience Evaluation

POV (a cinema term for "point of view") is PBS' longest-running showcase for independent non-fiction films.

Your responses help support POV screening events in your community. We share your feedback with our filmmakers, our colleagues and funders so we can continue to improve the quality of events in your community. **Please note: You are not required to complete this evaluation, please only answer questions you feel comfortable answering.**

Name: _____

Would you like to be added to POV's email list? YES ALREADY ON NO
(Receive email alerts about upcoming POV broadcasts)

Mailing list? YES ALREADY ON NO
(Receive an annual Viewer's Guide which includes descriptions of the films in POV's upcoming season)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Note: All contact information collected is for POV use only and will not be publicly shared or distributed to any organizations or individuals.

Demographics

Gender: _____ Race: _____ Age: ____

Your Experience

1. Which POV program did you see?

2. Before this event were you familiar with POV? YES NO

3. Did you learn anything new from the film? YES NO

If yes, what?

4. How much did this screening deepen your understanding of any of the issue(s) in the film?

Immensely Very much Somewhat Not much Not at all

How was your understanding of the issue(s) deepened?

(over)

5. How valuable did you find the discussion?

- Immensely Very Somewhat Not very Not at all N/A

In what ways did you find the discussion valuable or not valuable?

6. After attending this screening, how likely are you to participate in the activities listed below?

	Definitely	Probably	Maybe	Probably Not	Definitely Not
Research the issues					
Tell friends to watch the film on PBS					
Discuss the issues with friends and/or family					
Join an organization working on the issues					
Organize a screening/discussion					
Organize a workshop/training					
Write letters/sign petitions					
Donate money to organizations working on the issues					

Other activities: (Please describe in the space below)

7. On a scale of 1-5 (5 being excellent, 1 being poor), how would you rate this event overall?

- 5=Excellent
- 4=Very Good
- 3=Good
- 2=Fair
- 1=Poor

8. Any other comments about the film and/or screening event?

Do you authorize POV to quote you? (please check one)

- Yes
- Yes, but only my first name
- Yes, but only anonymously
- No

THANK YOU!

*Watch POV Thursday nights at 10pm on PBS, June-October
(check local listings at www.pbs.org/pov)*

American Documentary, Inc., P.O. Box 25462, Brooklyn, NY 11202-5462

*Support independent documentary storytelling and events like these with an online donation at: <http://amdoc.org/donate/>