

Audience Feedback Questionnaire							Office Use			
I am (please circle)							Demographics			
Female										
Male										
Age Range (please circle)			What is your occupation? (or student or benefits)						Evaluation	
0-12	13-18	19-25								
16-35	36-50	50-65								
	65+									
1	What is the film about?					1				
2	Were you entertained? Bored? Confused?					2				
3	What was your favourite moment? Why?					3				
4	What was your least favourite moment? Why?					4				
5	Who was your favourite character? Why?					5				
6	Who was your least favourite character?					6				
7	Did the film have an effect on you emotionally? (Please explain)					7				
8	Did you learn anything you did not know? (Please explain)					8				
9	Would you like to see anything changed or added? (Please explain)					9				
10	Who do you think the intended audience is? Why? (Please explain)					10				
11	Which Media company do you think would produce this film? (Please explain)					11				
12	What age certificate should this film carry?					12				
	U	PG	12A	15	18	R18				
13	On a scale of 0-10 please rate this film (10 is highest) (please explain)					13				
	0	2	4	6	8	10				