



NIOT Screening/UAH Event Evaluation Form

Instructions: Please answer the following questions based on your recent experience of a Not In Our Town event. Surveys should be returned to: **The Working Group/Not In Our Town, PO Box 70232, Oakland, CA 94612.** Thank you for your participation.

1. Event Location: _____ City _____ Zip _____

Name of film (if applicable): _____

Date: _____

2. How would you rate the following in reference to this film or event?

	Excellent	Good	Okay	Fair	Poor
a. Handling of the topic presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Overall impact of the film/event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Effectiveness of the group discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please check the response that is most accurate for you:

Results of viewing this film/ attending this event	Yes, very much	Yes, somewhat	No, didn't make a difference
a. I have been more exposed to and engaged with community members who are different from me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Through NIOT/UAH events such as this one, I've gained new insights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am more likely to speak up when I hear a harmful or bigoted remark.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am more likely to stand up to hate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I better understand the need for change in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Have you participated in other Not In Our Town/UAH Events? (check one)

☐ First event

☐ 2+ events

☐ Long-term participant

☐ Group Leader



5. Demographic information (optional):

We request the following information to help us understand and better serve our audience.

a. Gender

- ☐ Female
☐ Male
☐ Non-binary/ third gender
☐ Prefer to self-describe _____
☐ Prefer not to say

member

b. Age

- ☐ 12 or younger
member
☐ 13-18
enforcement
☐ 19-25
☐ 26-35

☐ 36-45

☐ 46-55

☐ 56-65

☐ 66+

c. Ethnicity

- ☐ Hispanic or Latinx
☐ Not Hispanic or Latinx

d. Race (select all that apply)

- ☐ American Indian or Alaska Native
☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Prefer not to say

☐ _____

f. Religion

g. Constituency

- ☐ Civic leader
☐ Community

☐ Educator

☐ Faith group

☐ Law

☐ Student

☐

e. Sexual orientation/identity

h. Occupation

6. Additional comments?

Would you like to receive resources and updates from Not In Our Town? If yes, please provide:

Name: _____

Phone: _____

Email: _____

(This information will be recorded separately from any personal or demographic information provided.)

Thank you for your participation. For more information on how to prevent hate, intolerance, and bullying in your community, please visit the Not In Our Town website at www.niot.org.