*Chasing Trane: The John Coltrane Documentary* Evaluation Toolkit

Thank you for partnering with ITVS to present Indie Lens Pop-Up screenings of *Chasing Trane: The John Coltrane Documentary* in your community! **Please note that administering audience surveys for this film is optional.**

The enclosed evaluation tools will help us measure our success in raising awareness, increasing knowledge, and inspiring action amongst event participants nationwide. Please help us capture feedback from participants at your events by distributing copies of this survey at your event(s) and in a follow-up email to your event mailing list.

Included in the toolkit are:

* A **paper survey** for you to photocopy for distribution to all participants at your event(s).
* A **short coversheet** to note your organization name and location to include in your package of completed audience surveys if you are mailing them to ITVS.

Tips to increase the number of surveys collected at your event(s):

1. Place a survey on every seat in your screening room, or post a staff member or volunteer at the entrance to hand surveys to participants entering the theater
2. Have your moderator make an announcement at the beginning of the event and at the conclusion of the event, encouraging participants to complete the survey
3. Announce the $100 Amazon Gift Card giveaway as an incentive to complete the survey
4. Post a staff member or volunteer at the exit at the conclusion of the event to collect surveys and remind participants to complete the survey
5. Place a box or basket, clearly labeled “Completed Surveys” on your information or registration table

It is encouraged to scan completed surveys and email them to Kristy.Chin@itvs.org if at all possible. If you are instead sending paper copies, please mail to:

**Chasing Trane Audience Survey**

**c/o ITVS, Engagement**

**1435 Folsom Street**

**San Francisco, CA 94103**

***Chasing Trane***

**AUDIENCE**

**SURVEY**

Complete this survey for a chance to win a **$100 Amazon gift card**! Provide your email address to enter the prize drawing. Winners will be announced December 2017.

Your feedback will help us understand the impact of Indie Lens Pop-Up events and will help us shape future events to better serve you and your community. Your responses will remain confidential. Thank you for your time!

**How did you hear about this Indie Lens Pop-Up event? Please select all that apply.**

[  ] At a previous Indie Lens Pop-Up event [  ] A friend, colleague, or family member told me about it

[  ] My local PBS station [  ] Through social media (for example, Twitter, Facebook)

[  ] Other community organization [  ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior to attending today’s event, had you heard of the documentary film series *Independent Lens* that airs on your local PBS station?**

[  ] Yes     [  ] No     [  ] I'm not sure

**Has your awareness around the issues in the film increased as a result of this event?**

[  ] Yes     [  ] No     [  ] I'm not sure

**After attending this Indie Lens Pop-Up event, how likely you are to:** **(1= not at all likely, 5= very likely)**

Connect with a community resource you learned about at this event? **1 2 3 4 5**

Get involved locally around the issues in the film? **1 2 3 4 5**

Talk to friends and/or family about the film? **1 2 3 4 5**

Watch the film when it airs on *Independent Lens* on PBS? **1 2 3 4 5**

Recommend *Independent Lens* to your friends, family, and/or network? **1 2 3 4 5**

Attend future Indie Lens Pop-Up events? **1 2 3 4 5**

Donate to your local PBS station? **1 2 3 4 5**

**Would you like to receive the *Independent Lens* e-newsletter to receive updates on upcoming films?**

[ ] Yes [ ] No

**Your email address** (required to be eligible for the gift card drawing): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a member of your local PBS station?**[  ] Yes [  ] No [  ] I’m not sure

**What is your current age group?**[  ] Under 18 [  ] 18 – 34 [  ] 35 – 49 [  ] 50 – 69 [  ] Over 70

**Which gender do you identify with?** [  ] Female [  ] Male [  ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you describe yourself?**

[  ] African American     [  ] Asian American/Pacific Islander     [  ] Caucasian      [  ] Latino/Latina      [  ] Middle Eastern

[  ] Multiracial      [  ] Native American/Native Alaskan     [  ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are planning to take an action as a result of participating in this event, please tell us what action you’re thinking about:**

**Please share any other feedback with the organizers of this event:**