

Survey: *The Genius of Marian*

Answers to this survey will remain anonymous unless you choose to share your information with us. Your feedback will help improve our outreach campaign. Thank you!!

Name (optional): _____

Email Address (optional): _____

City & State: _____ Age: _____

1) Which of the following best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Family Caregiver | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> Paid Caregiver or Social Service Provider | <input type="checkbox"/> Educator or Student |
| <input type="checkbox"/> Nonprofit or Community Organization Employee | <input type="checkbox"/> Recently diagnosed with dementia |
| | <input type="checkbox"/> Other: _____ |

2) What did you think about *The Genius of Marian*?

1	2	3	4	5
(Didn't Like It)				(Loved It!)

3) What aspect of the film had the greatest impact on you and why?

4) After watching *The Genius of Marian*, are you more likely to speak to a doctor or other professional about memory problems for yourself or a loved one?

- ☐ Yes ☐ No ☐ Maybe

5) After watching *The Genius of Marian*, are you more likely to seek out information and resources about Alzheimer's disease and/or dementia?

- ☐ Yes ☐ No ☐ Maybe

6) After watching *The Genius of Marian*, are you more likely to offer support to friends or other family members who are caregivers?

- ☐ Yes ☐ No ☐ Maybe

7) Are you interested in using *The Genius of Marian* in your work or at school or hosting a screening in your community? (If so, please be sure to include your name and email above.)

- ☐ Yes ☐ No



The Genius of Caring

Creating Community through Compassion



*Please share a memory
of someone you love. You
can write a story, a poem,
draw a picture or convey
it in any way you like.*

*Please share in blank
space below.*



To learn more about
The Genius of Caring campaign,
please visit our website
www.geniusofmarian.com

To stay connected please
share your name and contact info below:

name:

email:

twitter: