

Evaluation Form

Our Stories, Our Voices: The Old Lesbian Oral Herstory Project

Please fill out and return to the presenter.
Thank You. Presenter: please return to
OLOHP at address below.

1 My feelings about old lesbians **BEFORE** I saw the DVD... (Check up to four feelings.)

really liked them	uneasy about them
admired them	felt angry towards them
touched by their stories	feel sorry for them
felt indifferent towards them	disliked them
other:	

2. When I think of the old lesbians **AFTER** I saw the DVD, I feel: (Check up to four feelings.)

really liked them	uneasy about them
admired them	felt angry towards them
touched by their stories	feel sorry for them
felt indifferent towards them	disliked them
other:	

3. How many lesbians or gay men do you think you've known in the past year? _____
Check correct descriptions for most of them:

Very "out" as LGBTQ and talk about LGBTQ stuff all of the time	
Moderately "out"; don't talk about it	
Totally closeted	Other

4. Do you have close lesbian friends? Yes No

Do you & they talk about aspects of their lesbian/gay life? Yes No

Would you like to? Yes No

5. What barriers do you perceive keep you from interacting and talking with old lesbians about their lives in ways that would affirm and support? _____

6. Do you have family members who are LGBTQ? Yes No

Do you and they talk about their being LGBTQ? Yes No

7. How helpful was this DVD in deepening your understanding of old lesbians?

Not at all Somewhat helpful Helpful Very helpful Enlightening

8. Please write your suggestions to make this program even more helpful.

9. Can you think of others types of audiences who would benefit from this program? Thank you.

Please provide us with the following demographic information about yourself:

Age: _____ Gender: _____ Sexual Identity: _____ Today's date: _____