



dmc promotions

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Distribution Feedback Form

Staff name: _____

Promotion: _____

Date of promotion	Start/Finish Time	Number of leaflets distributed	How Busy was the location (1 -5, 1 not busy, 5 really busy)	Signature
1.				
2.				
3.				
4.				
5.				

What was the public's general reaction to the promotion? (please circle)

SHIFT 1	SHIFT 2	SHIFT 3	SHIFT 4	SHIFT 5
Highly Positive	Highly Positive	Highly Positive	Highly Positive	Highly Positive
Positive	Positive	Positive	Positive	Positive
Neutral	Neutral	Neutral	Neutral	Neutral
Negative	Negative	Negative	Negative	Negative

Additional Comments: _____

What percentage of consumers were male/ female?

SHIFT 1	SHIFT 2	SHIFT 3	SHIFT 4	SHIFT 5
Male ___%	Male ___%	Male ___%	Male ___%	Male ___%
Female ___%	Female ___%	Female ___%	Female ___%	Female ___%

What was the main age group of consumers? (please circle)

SHIFT 1	SHIFT 2	SHIFT 3	SHIFT 4	SHIFT 5
Under 17	Under 17	Under 17	Under 17	Under 17
18 – 24	18 – 24	18 – 24	18 – 24	18 – 24
25 – 35	25 – 35	25 – 35	25 – 35	25 – 35
35 – 50	35 – 50	35 – 50	35 – 50	35 – 50
50 +	50 +	50 +	50 +	50 +

Did anyone say they were already aware of the promotion/product? (please circle) **yes** **no**

Additional Comments: _____

Do you think this promotion was successful? (please circle) **yes** **no**

Why? _____

Additional Comments: _____