# **Test Screening Questionnaire**

Name of Director:

|  |  |
| --- | --- |
| Did you like it?  What changes do you feel are necessary? |  |
| What did you like most about it?  (What worked well?) |  |
| What did you like least about it?  (what could have been better?) |  |
| Did you understand the advert or were there moments you got confused? (if so, when/where?) |  |
| List any specific concerns (consider duration, pace of edit, style of edit, cuts/transitions, selection of shots, sound effects, music selection, graphics/Text, tone of video, camera work) |  |
| Is the advert appropriate to the target audience, if not, why? |  |
| Any additional comments |  |

Thank you for your feedback Logo

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