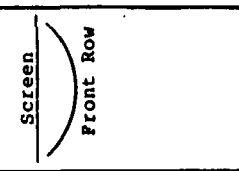


### Theater Quality Evaluation Program

Sponsored by the Intersociety Committee for the Enhancement of Theatrical Presentation,  
Post Office Box 23943, Rochester, NY 14692  
(This Evaluation Form may be reproduced as needed)

Name of Theater \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Movie \_\_\_\_\_  
 Date Evaluated \_\_\_\_\_ Time Evaluated \_\_\_\_\_  
 Evaluated by: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ SMPTE Membership Number \_\_\_\_\_

Job Experience \_\_\_\_\_  
 Please review this form before watching the movie, so that you know what is asked and can complete the form after leaving the theater.



Indicate where you would have most preferred to sit with "X".  
 During the movie, approximately what percentage of seats were occupied? \_\_\_\_\_ Percent

#### INSTRUCTIONS

Indicate your appraisal with an "X" on the scale (. . . X . . .). Note that in most cases, optimum is at right side of scale, whereas in some cases optimum is at center of scale.  
 Check only those items that you have noticed, have a definite opinion on, and feel competent to judge.  
 Please add comments or indicate specifics if possible.

#### A. Viewing Conditions

(Optimum) ↑

1. Screen brightness Too dark . . . . . Too bright  
 2. Uniformity of illumination Uneven . . . . . Uniform  
 3. Flicker/fluctuating intensity Annoying . . . . . None  
 4. Color and brightness change between reels Poor . . . . . Well matched  
 5. Physical condition of screen (tears, seams, discoloration) Poor . . . . . Excellent

6. Indicate location of bad areas of screen surface:

7. Comments \_\_\_\_\_

#### B. Ambient Light

1. Stray light on screen Annoying . . . . . None  
 2. Indicate source: \_\_\_\_\_  
 3. Light sources within field of view Annoying . . . . . Well shielded  
 4. Source (e.g., exit signs): \_\_\_\_\_  
 5. Auditorium lighting during show Too dark . . . . . Too bright  
 6. Auditorium lighting between shows Too dark . . . . . Too bright  
 7. Comments \_\_\_\_\_

#### C. Image Quality

1. Sharpness Blurry . . . . . Sharp  
 2. Field flatness Edges less sharp . . . . . Uniform  
 3. Focus drift Distracting changes . . . . . Consistent  
 4. Flare (loss of contrast) Noticeable . . . . . Acceptable  
 5. Vertical steadiness (jump) Poor . . . . . Excellent  
 6. Horizontal steadiness (weave) Poor . . . . . Excellent  
 7. Travel ghost (image streaking) Noticeable . . . . . None  
 8. Comments \_\_\_\_\_

#### D. Image Geometry

1. Height Too much of . . . . . Noticeable cropping  
 2. Width Soundtrack or . . . . . Noticeable perfs showed  
 3. Skewing or geometric distortion Obvious . . . . . No distortion  
 4. View of screen Obstructed . . . . . Clear  
 5. Source of obstruction: \_\_\_\_\_  
 6. Comments \_\_\_\_\_

#### E. Sound Quality

1. Level (loudness) Too quiet . . . . . Too loud  
 2. Level change reel-to-reel Noticeable changes . . . . . Well matched  
 3. Low frequencies No bass . . . . . Too bass  
 4. High frequencies No treble . . . . . Too treble  
 5. Was there distracting hum, crackle, hiss, or other noise on the soundtrack? Annoying . . . . . None  
 6. Describe: \_\_\_\_\_

(Optimum) ↓

- 7. Wow/flutter Annoying ..... None
- 8. Distortion/clipping Annoying ..... None
- 9. Was movie advertised to be in stereo? Yes \_\_\_ No \_\_\_
- 10. Stereo effect None ..... Distracting
- 11. Surround effects None ..... Distracting
- 12. Comments \_\_\_\_\_

**F. Room Acoustics**

- 1. Acoustics (reverberation) Too live ..... Too dead (muffled)
- 2. Was there distracting ambient noise? Annoying ..... None
- 3. Indicate source (e.g., air conditioning, lobby, movie in adjacent theater): \_\_\_\_\_
- 4. Comments \_\_\_\_\_

**G. Print Conditions**

- 1. Were there any film breaks during show? Many ..... None
- 2. Splices noticed Many ..... None
- 3. Splices requiring reframing of projector Many ..... None
- 4. Loss of continuity (missing film) Objectionable ..... None
- 5. Visual cue marks at reel ends Objectionable ..... Normal
- 6. Emulsion-side scratches (green-yellow-white) Objectionable ..... None
- 7. Indicate position and appearance on screen:
- 8. Base-side scratches (black) Objectionable ..... None
- 9. Indicate position and appearance on screen:
- 10. Overall (black) dirt level Objectionable ..... Clean
- 11. Dirt/scratches at reel changes Objectionable ..... Clean
- 12. Other print damage Much ..... None
- 13. Describe \_\_\_\_\_
- 14. Hairs/dirt in aperture Much ..... None

(Optimum) ↓

- 15. Was print balance (flesh tone) correct? Too cold ..... Too warm (blue/green) (red/yellow)
- 16. Was reel-to-reel color balance consistent? Objectionable ..... Consistent
- 17. Comments \_\_\_\_\_

**H. Showmanship**

- 1. Did picture start on time? Early ..... Late
- 2. Was picture out of frame? Often ..... Never
- 3. Framing (cropping) Too high ..... Too low
- 4. Was countdown leader ever visible? Often ..... Never
- 5. Were reels in wrong order? Yes ..... No
- 6. Was wrong lens used (and then changed)? Yes ..... No
- 7. Use of curtain (No curtain) Obtrusive ..... Proper
- 8. Use of house lights Obtrusive ..... Proper
- 9. Use of coming attraction trailers and advertising Excessive ..... Enjoyable
- 10. Condition of trailers and date strips Poor ..... Excellent
- 11. Adjustment of focus, framing, sound, etc. Obtrusive ..... Subtle
- 12. Comments \_\_\_\_\_

**I. Presentation Environment**

Please make any comments you want about how the theater, its surroundings, facilities, and personnel, may have contributed to, or detracted from, your enjoyment:

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Thank you for your participation in helping to enhance the motion-picture experience. PLEASE RETURN YOUR TICKET STUB(S) AND THE COMPLETED EVALUATION SHEET TO THE PERSON AND ADDRESS INDICATED ON THE BOX OFFICE SIGN. To encourage your further participation, the theater may reimburse you for the admission price at its discretion.

The opinions expressed on this voluntary evaluation carry no authority other than the personal professional opinion of the person filling out the evaluation sheet. The theater is under no obligation or liability to act on the comments.