

Elizabeth's New Life Center Youth Development Program
Anonymous post-presentation survey

Male: Female: Age: _____ Today's Date: _____

Grade: 6 7 8 9 10 11 12

Period: 1 2 3 4 5 6 7 8 9 other

DO NOT PUT YOUR NAME ANYWHERE ON THIS PAPER.

School: _____ County: _____

Circle your answers below:

1. The presenter did a good job clearly sharing the information.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

2. The information was presented in a positive way.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

3. If someone made me or a friend have sexual contact that I or they did not want, I would try to tell an adult or call the sexual abuse hotline.
 - a. Yes
 - b. No
 - c. If you circled "no" please explain: _____

4. Participating in sexual activity as an unmarried teen could negatively affect my future.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

5. The presentation has influenced me to try to make positive choices from now on.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

6. From this day forward, it is my desire and goal to abstain from sexual activity until marriage.
 - a. Agree
 - b. Disagree

Comments about the presentation or suggestions for the presenter:

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Any opinions, findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the view of the Ohio Department of Health.