

Date: \_\_\_\_\_

**PARENT Questionnaire**

**1. Are you...** \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Transgender/Non-conforming/None of the above

**2. How old are you?** \_\_\_\_\_ years

**3. What topics were covered in this presentation? (Check all that apply)**

- |  |                                     |
|--|-------------------------------------|
| ____ Pregnancy and STD prevention      | ____ Healthy relationships          |
| ____ Communication with trusted adults | ____ Substance use/abuse            |
| ____ Communication with peers          | ____ Negotiation and refusal skills |
| ____ Sexual abuse prevention           | ____ Human trafficking              |
| ____ Other – please specify: _____     |                                     |

**4. Please rate the presenter/leader of the presentation you attended using the scale provided. Please circle your response.**

	Not at all		Somewhat		Very much
How <u>knowledgeable</u> did the presenter/leader seem about the topic(s)?	1	2	3	4	5
How <u>trustworthy</u> did the presenter/leader seem?	1	2	3	4	5
How <u>confident</u> did the presenter/leader seem?	1	2	3	4	5
How <u>engaging</u> was the presenter/leader?	1	2	3	4	5

**5. Do you agree or disagree with each statement? Please circle your response.**

Because I attended this program...

I feel more confident talking to youth about the topics covered in this presentation.	Agree	Disagree
I am more likely to start conversations about the topics covered in this presentation with others.	Agree	Disagree
I know more about these topics than I did at the beginning of the presentation.	Agree	Disagree

**6. In your opinion, are there enough resources in your community to help teens with pregnancy and STD prevention?**

\_\_\_\_ Yes \_\_\_\_ No

**7. Would you recommend this program to a friend?**

- \_\_\_\_ Yes, would definitely recommend
- \_\_\_\_ Not sure I would recommend
- \_\_\_\_ No, would not recommend