

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)

- | | |
|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Pregnancy and STD prevention | <input type="checkbox"/> Healthy relationships |
| <input type="checkbox"/> Communication with trusted adults | <input type="checkbox"/> Substance use/abuse |
| <input type="checkbox"/> Communication with peers | <input type="checkbox"/> Negotiation and refusal skills |
| <input type="checkbox"/> Sexual abuse prevention | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> 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