# Youth Satisfaction Survey

**We welcome your feedback on this program.**

**Please DO NOT write your name on this page.**

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| --- |
| **Please circle your answers to the following ten items.** |
| 1. **What is your gender?**
 | **Male** | **Female** | **Transgender/gender nonconforming/nonbinary** |
| 1. **The program material is interesting to me.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I am comfortable with the materials used in the program.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I feel comfortable enough to give my opinions.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I think I will use something I have learned from the program.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **I would recommend this program to my friends.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **What have you liked best about the program?** *(Please write out your answer)*
 |
| 1. **What have you liked least about the program?** *(Please write out your answer)*
 |
| 1. **I have some questions from the sessions.**
 | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **Please tell us about anything you’d like more information on or did not understand.**
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***Thank You!***