

Needs and Resources Assessment Student Questionnaire Example

The X program works to prevent violence through promoting healthy relationship building in our community. We would like to get your input on the issues related to this work so that we can better serve our community with our services. Your input will assist us in planning our activities for the upcoming year. Your responses will remain anonymous meaning we **will not** in any way link your identification with your responses.

<i>*Do you believe the following concerns are not an issue, a minor issue, a moderate issue or a major issue in your school or community? (Mark only one response per problem).</i>	Not an Issue	Minor Issue	Moderate Issue	Major Issue
1. Bullying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Sexual harassment in school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Teen dating violence (abuse between boyfriends/girlfriends)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Sex and violence in the media (movies, TV, music, video games, magazines)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. "Cyber-stalking," inappropriate cell phone messages/photos/texting, or other harmful use of technology to harass someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Sexual abuse or sexual violence such as rape	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. The way women are portrayed in advertising and other media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. The way men are portrayed in advertising and other media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Student safety on the way to and home from school.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

<i>*How likely is it that you or an adult would intervene in the following situations? (Mark only one response per question).</i>	Not at all likely	Somewhat likely	Very likely
10. If a girl was being verbally harassed by a boy at school, how likely is it that a teacher or other adult would do something to stop it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
11. If you saw someone at school being bullied, how likely is it that you or an adult would attempt to stop it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
12. If a friend was being cyber-bullied that he/she would tell you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
13. If you saw other students fighting that you would go to a teacher or other adult for help to break up the fight?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
14. If you saw a teenage girl being physically threatened by her boyfriend, how likely is it that you or someone else would step in to do something to stop it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
15. If you noticed another student had inappropriate posters or pictures hanging on the inside of their locker you would encourage them to remove them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
16. If a friend confided in you that she/he was being physically abused, how likely is it that you would encourage them to get help?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

17. Which school district do you attend school in? (*Mark only one) (Add your school district names below)

18. What is your age: ₁ 11-14 ₂ 15-17 ₃ 18 or older

19. What is your gender: ₁ Male ₂ Female

20. Have you ever participated in X Program? ₁ Yes ₂ No ₃ Unsure

21. If so, which X Program have you participated in (check all that apply) (Insert your program names below)

22. During the last 3 months, has your parent or another trusted adult talked to you about healthy dating relationships?

₁ Yes ₂ No

<i>*In the past few months, has a parent or other trusted adult talked to you about any of the following?</i>	Never	1 or 2 times	3 or more times
23. Pursuing relationships that make you feel respected	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
24. Working out problems in ways that are fair to you and a boyfriend/girlfriend or a friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
25. Taking a time out when you feel you are getting upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
26. Saying “no” to kissing or touching that makes you feel uncomfortable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
27. Discussing problems calmly with a boyfriend/girlfriend or a friend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
28. Positive communication techniques when disagreeing with someone else’s opinion, attitudes or behavior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

<i>Community Resources</i>	Yes	No
29. Are you familiar with the services provided at (insert local prevention agency name here)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
30. If a friend confided in you that she/he was being physically or sexually abused, would you know where to refer them to get help?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
31. Where would you refer your friend for help? (*write in info)		
32. Before today had you heard of the X program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Thank you for completing this important questionnaire to help us shape our services. If you have questions regarding this questionnaire please contact (insert your program contact information here)