

Questionnaire

We are interested in knowing more about you and what you think about teen programs. Please take time to answer these questions clearly and as truthfully as you can so we can make our programs responsive to your needs. Your answers will assist in our efforts to provide quality teen programs.

1. How old are you? _____ Male or _____ Female
2. When do you move to the local area? _____
3. Are you a member of your Youth Center? Yes/ No (Why/Why not?)

Name your Favorite:

Movie:	Music Artist/Group:
Activity:	TV Program:
Sport to Play/Watch:	Video Game System/Game:
Snack bar Food:	Magazine:
Drink:	Hobby:

	Yes	No
1. Do you wish you had more time to spend with your parents		
2. Are you ever concerned for your safety at your school?		
3. Do you participate in any after-school activity?		
4. Do you plan to attend college?		
5. Do you feel the abuse of drugs and or alcohol is a problem in your neighborhood or your school?		
6. Do you feel racial division exists in your school or center?		

On a scale of 1 to 5, 5 being the most important, how important are the following in your life:

	1	2	3	4	5
Family					
Friends					
Religion					
Money					
School					
Boyfriend or Girlfriend					

All additional comments are welcome.