



Program pre-evaluation

Host agency: _____ Date: _____

Please complete this anonymous survey so we can make sure we cover what you want to know. If you have any specific questions you would like answered write them here and we will try to address them in the workshops.



1. Age

- 14 15 16
- 17 18 19

2. Gender

- Male Female
- Trans male/trans man Trans female/trans women
- Genderqueer Additional category _____
- Decline to state

3. Are you of Aboriginal or Torres Strait Islander origin?

- No Yes, Aboriginal
- Yes, Torres Strait Islander Yes, both

4. Do you speak another language other than English at home?

- No Yes, specify what language _____

5. What topics/areas of health do you most want to learn about?

6. Do you have any questions you want us to answer?

Please turn the page





Program pre-evaluation

Host agency: _____ Date: _____

7. On a scale of strongly agree to strongly disagree please rate the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel confident interacting with a person who has hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A person who has hepatitis C should tell their family, friends and workmates they have the virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only people who inject drugs are at risk of blood-borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only gay men and people who inject drugs get HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unless you have sex with lots of people, sexually transmissible infections are not something you need to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing sexually transmissible infections is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing blood-borne viruses is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing pregnancy is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after my mental health and wellbeing is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what is involved in getting tested for sexually transmissible infections and blood-borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I can access services that can help me with sexual health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I know where to go for help if I'm not feeling like myself or I need someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I know where to go to get more information on drugs and alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I know where to access clean injecting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I can prevent sexually transmissible infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I can prevent blood-borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I can prevent an unplanned pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable to me
I am likely to get tested for sexually transmissible infections in the next year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am likely to get tested for blood-borne viruses in the next year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

