

# Participant Feedback form

Please provide us with feedback on your experiences with this project by completing a short survey. All of your responses are anonymous, and you do not have to answer any questions that you do not want to answer.

Date: \_\_\_\_\_ Name of Project: \_\_\_\_\_  
day / month / year

## 1. Please indicate your agreement with the following (*check one number for each*):

	<b>Strongly Disagree</b> 1	Disagree 2	Neutral 3	Agree 4	<b>Strongly Agree</b> 5
I enjoyed my participation in this project.					
I had a chance to express my ideas and opinions.					
I felt supported by other members of the group.					
I learned something new as a result of my participation in this project.					
I feel that this project benefitted youth in my community.					
Participating in this project made me think more about my own substance use/sexual health.					

## 2. What did you like best about being part of this project?

## 3. What do you think we should change or do differently if the project was repeated in the future?