

"Have your say"

PROGRAMMING SURVEY

This is a survey that will ask you about:

- ❖ your background,
- ❖ if you attend any programming, and
- ❖ what you feel is needed for youth/young adults in the community.

As you fill the survey out, please keep in mind that...

- ❖ This survey is completely voluntary. This means you do not have to answer these questions if you do not want to.
- ❖ You may skip any questions you do not want to answer, and you may stop the survey at any time.
- ❖ The questions in this survey have no right or wrong answers.
- ❖ This survey is anonymous, meaning that your name will never be attached to your answers.

Your answers will be kept confidential. Please do not put your name on any of these sheets.

If you have any questions/concerns at any point during the survey, please feel free to ask!

BACKGROUND INFORMATION:

AGE:	WHICH COMMUNITY DO YOU LIVE IN? (COMOX, COURTENAY, BLACK CREEK, CUMBERLAND)
GENDER YOU IDENTIFY AS:	ARE YOU IN SCHOOL? YES <input type="checkbox"/> OR NO <input type="checkbox"/> IF YES, ALL DAY <input type="checkbox"/> OR PART TIME <input type="checkbox"/>

I AM CURRENTLY ACCESSING, OR HAVE ACCESSED IN THE PAST YEAR GROUPS THAT PROVIDE (PLEASE CIRCLE ALL THAT APPLY):

FOOD/MEALS

INTERNET

CLOTHING

BUS TICKETS

RECREATION

HYGIENE PRODUCTS/CONTRACEPTIVES

WOULD YOU ACCESS A SPACE WHERE ALL OF THESE ITEMS WERE PROVIDED? YES OR NO

1. WHAT PROGRAMS IN THE COMMUNITY HAVE YOU PARTICIPATED IN? (EG: SCHOOL, SPORTS TEAMS, LINC, GIRLS GROUP, CHURCH). IF YOU HAVE NOT PARTICIPATED IN ANY, PLEASE SKIP TO QUESTION 4.

2. WHAT DO YOU LIKE ABOUT THE PROGRAMS YOU HAVE BEEN A PART OF?



3. WHAT DO YOU DISLIKE ABOUT PROGRAMS YOU HAVE BEEN A PART OF?



4. WHO DO YOU CURRENTLY GO TO WHEN YOU NEED HELP? (CIRCLE ALL THAT APPLY)



- | | | |
|----------------------|-------------------------|--------------------------|
| FRIENDS | PARENTS/GUARDIANS | SIBLINGS/EXTENDED FAMILY |
| TEACHERS/COUNSELLORS | GROUP LEADERS | COACHES |
| BOYFRIEND/GIRLFRIEND | DON'T KNOW WHO TO GO TO | OTHER (PLEASE DESCRIBE): |

5. WHAT GETS IN THE WAY OF GETTING WHAT YOU NEED? (WHY YOU AREN'T GOING TO/ATTENDING COMMUNITY GROUPS, MEDICAL CARE, SUPPORT SYSTEMS) CIRCLE ALL THAT APPLY

- | | | |
|----------------|-------------------------------|--------------------------|
| TRANSPORTATION | DON'T KNOW WHERE TO GO | SUBSTANCE USE |
| HOUSING | ANXIETY/JUDGEMENT/EMBARRASSED | DON'T KNOW WHAT I NEED |
| HEALTH | DON'T WANT TO GO ALONE | OTHER (PLEASE DESCRIBE): |

6. WHAT IS THE BEST WAY TO FIND INFORMATION ABOUT PROGRAMS AND SERVICES?

(FACEBOOK, EMAIL, POSTERS, SCHOOL, REC CENTRES, WALK-INS, LIBRARY, FROM FRIENDS)

