

Above the Influence Activity Activity Facilitator/Youth Development Professional Survey

We welcome your feedback regarding *Above the Influence* activities. Your answers are anonymous. Please do not sign or print your name on this form. Please indicate how much you **agree or disagree** with the following statements about *Above the Influence*.

I facilitated the _____ activity for _____ (number) youth participants in _____ (name of your city).

Please select one answer for each item.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. <i>Above the Influence</i> is relevant to the teens I work with	4	3	2	1
2. I know more about how to speak to/engage teens about not using drugs or alcohol	4	3	2	1
3. I plan to go to the <i>Above the Influence</i> website to learn more about the campaign	4	3	3	1
4. I plan to do this activity with other teens	4	3	2	1
5. I plan to share this activity with others I know who work with teens	4	3	2	1
6. I would like to do more <i>Above the Influence</i> activities in the future	4	3	2	1
7. Please tell us what else the <i>Above the Influence</i> campaign can do to support you in your work with teens.				
