**Participant Entry Questions**

This survey is designed to help (insert youth organisation name here) get to know you. You will also be asked similar questions when you’ve finished EmpowHER, so we can see if you think anything has changed. It’s not a test and there are no right or wrong answers. Your answers will be safely stored and analysed confidentially by (add YO) to evaluate EmpowHER. Your name and personal information will only be used to evaluate this programme and deleted afterwards.

**Do you consent to your data being used to evaluate EmpowHER?** Yes ⃝ No ⃝

|  |
| --- |
| **Today’s date (DD/MM/YY):** |

**Your details**

We need this information so we can compare the answers you give in this survey to answers you give when you’ve finished EmpowHER.

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** | | **Surname:** | |
| **Date of birth (DD/MM/YY):** | **Postcode:** | | **Name of youth club:** |

After you complete the programme, we may send you a message or give you a call 6 months after the programme to find out whether it has helped you. If you’re happy for us to do this, please tick ‘Yes’ and leave your details below. Yes ⃝

|  |  |
| --- | --- |
| **­** | **Phone number**: |

**About you**

1. First we’d like you to **tell us about yourself**. How much do you agree with the statements below on a scale where 0 is not at all and 10 is completely? Tick the box under the number you think fits your answer.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all Completely | | | | | | | | | | |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| I can do things as well as most other people |  |  |  |  |  |  |  |  |  |  |  |
| I feel comfortable taking the lead in small groups |  |  |  |  |  |  |  |  |  |  |  |
| I feel happy when I think about my future |  |  |  |  |  |  |  |  |  |  |  |
| I have confidence in myself |  |  |  |  |  |  |  |  |  |  |  |
| I feel in control of my future |  |  |  |  |  |  |  |  |  |  |  |
| When what I’m doing gets hard, I don’t give up |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I am someone who makes plans and follows through with them |  |  |  |  |  |  |  |  |  |  |  |
| I like to be busy and actively involved in things |  |  |  |  |  |  |  |  |  |  |  |
| I know myself very well |  |  |  |  |  |  |  |  |  |  |  |
| I am clear and confident when I speak to new people |  |  |  |  |  |  |  |  |  |  |  |
| I am constantly looking to learn and improve |  |  |  |  |  |  |  |  |  |  |  |
| I have someone I feel comfortable talking to about my problems |  |  |  |  |  |  |  |  |  |  |  |

1. ­Next, we’d like to know what you think about **young women and girls, as well as** **where you live**. How much do you agree with the statements below on a scale where 0 is not at all and 10 is completely? Please tick the box under the number you think fits your answer.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all Completely | | | | | | | | | | |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Young women and girls can do anything they set their minds to |  |  |  |  |  |  |  |  |  |  |  |
| I can trust people that live near me |  |  |  |  |  |  |  |  |  |  |  |
| I am accepted by people that I spend my time with |  |  |  |  |  |  |  |  |  |  |  |
| I often meet people that are different to me |  |  |  |  |  |  |  |  |  |  |  |
| I can make a positive difference to where I live |  |  |  |  |  |  |  |  |  |  |  |

**Next, we would like to know how you generally feel about your life. There are no right or wrong answers.**

1. Overall, **how satisfied are you with your life**? Please circle the number that you think fits your answer on a 0-10 scale, where 0 is not at all and 10 is completely satisfied.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all satisfied Completely staisfied | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, **how much do you feel the things you do in your life are worthwhile?** Please circle the number that you think fits your answer on a 0-10 scale, where 0 is not at all and 10 is completely worthwhile.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all worthwhile Completely worthwhile | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1. Overall, **how happy did you feel yesterday?** Please circle the number that you think fits your answer on a 0-10 scale, where 0 is not at all and 10 is completely happy.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all happy Completely happy | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ONLY ANSWER THIS QUESTION IF YOU ARE 16+ YEARS OLD**  6. Overall, **how anxious did you feel yesterday?** Please circle the number that best suits your answer on a 0-10 scale, where 0 is not at all and 10 is completely anxious.     |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Not at all anxious Completely anxious | | | | | | | | | | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

**Finally, we would like to know if you have been involved in volunteering, fundraising or campaigning BEFORE starting EmpowHER.**

7. **BEFORE starting EmpowHER,** how many times in the last year have you taken part in volunteering, fundraising or campaigning? Please circle your answer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | Once | Twice | More than twice | Don’t know |

**Thank you!**