

Developing Healthy Relationships

Thank you for taking the time to complete this short survey. We are interested in what you think when it comes to healthy relationships. Please be sure to answer all of the questions in all sections. Your answers will be kept confidential. When you finish, please return the survey to your teacher.

Section I

Please read the statements below and fill in the circle that represents your opinion. Please fill in only one circle for each statement. When reading the statements, please consider the person you are currently dating or imagine that you are currently in a dating relationship.

	Agree	Uncertain	Disagree
1. My boyfriend/girlfriend should spend all his or her free time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I would tell my boyfriend/girlfriend to change his or her clothes if I didn't like what he or she was wearing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My boyfriend/girlfriend has the right to choose his or her own friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I would ask my friends to watch my boyfriend/girlfriend if I didn't trust him or her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My boyfriend/girlfriend has the right to make his or her own decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My boyfriend/girlfriend should let me know where he or she is at all times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I would call my boyfriend/girlfriend names if he or she made me really mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would hit my boyfriend/girlfriend if he or she provoked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My boyfriend/girlfriend and I should have equal power in our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would hold my boyfriend/girlfriend down if he or she refused to listen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section II

Please read the statements below and fill in the circle that reflects your opinion. Please fill in only one circle for each statement.

	A lot	A little	Not at all
How harmful is it to...			
1. Choose not to speak up for someone who is being insulted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Listen to songs with violent lyrics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Tell a boy he throws like a girl.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Tease someone as long as they are not physically hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Expect others to figure out how you feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rate a girl's looks on a scale of 1-10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section III

Please read the statements below and fill in the circle that indicates whether or not you believe they are forms of abuse. Please fill in only one circle for each statement.

	Not abuse	Uncertain	Abuse
When someone...			
1. Tries to control you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Pushes or shoves you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Accepts when you choose to spend time alone or with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Pressures you to do something you don't want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Calls you names or uses put-downs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Accepts your opinion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section IV

What does a "healthy relationship mean to you?"

Section V

I am a:

Boy Girl

I am in grade:

6 7 8 9 10 11 12

I am _____ years old

To match up future surveys you complete without knowing who you are, please create a Survey ID.

**Please write the month and the date you were born (don't put the year).
Then write the first 3 letters of your mother's first name.**

EXAMPLE: If you were born on July 5th and your mother's name is Mary, your ID would be:

J	U	L	0	5	M	A	R
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PLEASE WRITE YOUR ID HERE

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THANK YOU!!

DELTA staff only

Survey# _____ Class# _____ Date _____