

## Barrio Logan: Youth Voices – Community Stories Screening Survey

Please take a few minutes to give us your feedback about today. Your responses to the survey will help improve future programming.

### 1. How did you hear about today's event? (mark all that apply)

- Flyer      Mailing      Teacher      City of San Diego Public Library  
Newspaper   E-mail      Friend/Family      The MAAC Project  
Other (please specify) \_\_\_\_\_

### 2. What motivated you to come to today's event?

---



---

### 3. What was the most important thing that you learned from participating in the screening?

---



---



---

### 4. What would you tell a friend or family member about what you saw at this screening?

---



---



---

### 5. Please rate how strongly you agree or disagree with each of the following statements about today's program. (Check one box)

Statement:	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
This screening opened my eyes to an issue that affects the Barrio Logan community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This screening gave me more information about an issue that I was already aware of that affects the Barrio Logan community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of this screening, I feel that I have more things in common with people from different communities in San Diego and people from different ethnic and racial backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This screening did <u>not</u> give me enough information to know how I can become more involved in the issues that affect the Barrio Logan community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I plan to tell others about what I learned here today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Please tell us a little about yourself. [Note: These are optional, responses are confidential.]

6. **What is your gender?**  Male  Female

7. **What is your age?**

- 19 and under                       20 to 29 years                       30 to 40 years  
 41 to 55 years                       56 to 65 years                       over 65 years

8. **What racial/ethnic group do you most strongly identify yourself by? (Check one.)**

- Latino / Hispanic       White/Caucasian       Other (specify) \_\_\_\_\_  
 African American       American Indian       Asian/Pacific Islander

9. **If you would like to participate in future events, please provide the following:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**10. The Barrio Logan: Youth Voices & Community Stories project is looking to document more stories from the community. If you have a story to tell about living in Barrio Logan, please include your name and phone number below.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Thank you very much for your participation! Please return this survey to your teacher.**