

Survey of the Pro-Life Presentation

Date: _____ Sex (circle): F M Age: _____ Religion (if any): _____

School & Grade/Level: _____

1. On a scale of 0 to 10, please circle the number which best identifies your view on abortion **BEFORE** the presentation:

Support
all abortion.

Against
all abortion.

0 1 2 3 4 5 6 7 8 9 10

Please explain your view:

2. On a scale of 0 to 10, please circle the number which best identifies your view on abortion **AFTER** the presentation:

Support
all abortion.

Against
all abortion.

0 1 2 3 4 5 6 7 8 9 10

Please explain your view:

3. What do you remember most about the presentation?

4. If visual aids were used in the presentation, which ones and what are your comments about them?

5. Did this presentation motivate you to want to do something to stop abortion? If so, please explain.

6. Between 0 and 10 (10 being excellent) how would you rate the presenter's speaking ability? _____

7. Would you recommend this presentation (circle one)? Yes No Please explain:

8. Any further comments? (Please write on the reverse side.)