This questionnaire looks at your ***[insert focus]*** and those of other students your age.   We want to know ***[insert description of type of information sought]***.We know that not everyone feels the same way, or does the same things.  We are interested in your answers to the questions in the questionnaire.

The questionnaire is completely private.  No one, except the researchers, will see your finished questionnaire, so please be as honest as you can.  If there is a question that you do not know how to answer, or do not want to answer, that’s okay, just go on to the next one.

Do you agree to participate in this survey?

\_\_\_\_\_\_\_ Yes

\_\_\_\_\_\_\_ No

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_