Prevention Education **Pre-Survey** or **Post-Survey** (Please circle one.)

Date: _________________  
School: ____________________________________________

First Name: __________________________________  
Age: ________

1. Are you or is someone you know in an abusive relationship? ______ Yes ______ No

2. Do you know what the four different types of abuse are? 
   _____ Yes _____ No  
   If Yes, name them: a) ___________________ b) ___________________ c) ___________________ d) ___________________

3. If someone you know was in an abusive relationship, would you know where to go for help?  
   _____ Yes _____ No  
   If Yes, where? __________________________________________________________

4. Do you know what the four main red-flag behaviors are?  
   _____ Yes _____ No  
   If Yes, name them: a) ___________________ b) ___________________ c) ___________________ d) ___________________

5. What are three characteristics of a healthy relationship?  
   a) _______________________ b) _______________________ c) _______________________