

Adolescent Girl Needs Assessment Questionnaire

Personal Information

1. Age: _____
2. Grade/Class: _____
3. Who do you look up to as a role model in your life?
 - ☐ a family member
 - ☐ a teacher or mentor
 - ☐ a famous personality (please specify)
 - ☐ Others (please specify): _____
4. Do you live in a:
 - ☐ Rural area
 - ☐ Urban area
 - ☐ Suburban area
5. How would you describe your personality?
 - ☐ Outgoing
 - ☐ Quiet
 - ☐ A mix of both
 - ☐ Other (please specify): _____

Physical Health

6. How would your usual day start?
 - ☐ with a healthy breakfast
 - ☐ rushing to school
 - ☐ exercise or stretching
 - ☐ others (please specify): _____
7. How many glasses of water do you drink water daily?
 - ☐ 8+ glasses
 - ☐ 5-7 glasses
 - ☐ Less than 5 glasses
8. Do you feel you have enough information about:
 - ☐ Nutrition and healthy eating
 - ☐ Exercise and fitness
 - ☐ Managing common health concern
9. Have you had any health issues that you had to take leave for atleast 1week in the last year?
 - ☐ Yes
 - ☐ No
10. What is your favorite physical activity or sport _____

Mental and Emotional Well-being

11. On a scale of 1-10, how happy do you feel most of the time?

(1 = very unhappy, 10 = very happy): _____

12. Do you practice relaxation techniques like deep breathing, yoga, or meditation?

- ☐ Yes

- ☐ No

13. What helps you feel better when you're having a tough day?

- ☐ Talking to someone

- ☐ Listening to music

- ☐ Writing in a journal

- ☐ Spending time alone

- ☐ Other (please specify): _____

14. Have you ever felt pressured to look or act a certain way because of social media or friends?

- ☐ Yes

- ☐ No

15. If you could change one thing about your life to feel less stressed, what would it be?

Educational Needs

16. Do you have a teacher or mentor you look up to for guidance?

- ☐ Yes

- ☐ No

17. What is your favorite way to learn something new?

- ☐ books or reading materials

- ☐ watching videos or online tutorials

- ☐ hands on training

- ☐ group discussions or study groups

18. What is the biggest obstacle you face when studying or completing homework?

19. Have you ever thought about what you want to study or do after school ?

- ☐ Yes (please specify)

- ☐ No

Social and Personal Development

20. How comfortable do you feel speaking in front of a group?

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Not comfortable

21. Have you ever participated in any community service or volunteering activities?

- ☐ Yes (please specify): _____
- ☐ No

22. If you could attend a workshop on any of these topics, what would you choose?

- ☐ Creative arts (drawing, painting, music)
- ☐ Technology and coding
- ☐ Entrepreneurship
- ☐ Public speaking and confidence-building
- ☐ Other (please specify): _____

23. What is the most important quality you look for in a friend?

Specific Needs

24. Do you feel there is enough support in your community for girls to achieve their goals?

- ☐ Yes
- ☐ No (please specify): _____

25. What kind of guidance do you need to help you plan your future?

- ☐ Career counseling
- ☐ Life skills coaching
- ☐ Emotional support
- ☐ Other (please specify): _____

26. If you could suggest one improvement to your school, home, or community for girls, what would it be?

Fun and Aspirational Questions

27. If you had a superpower, what would it be and why?

28. What's one thing you've always wanted to try but haven't yet?

29. If you could travel anywhere in the world, where would you go and why?
