

## **Angst Student / Youth Survey**

Please complete the questions below following the *Angst* film screening.

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Student First and Last Name

1. Did you identify with anyone in the film? (feel free to list one or more)
2. Do you think parents should see this film? [ YES / NO ] (circle one)
3. Who would you contact at school if you or someone you know needs help? (feel free to list more than one)
4. Would you like someone to reach out to you to check in with you or someone you know? [ YES / NO / NOT SURE ]