

Expect Respect Pre/Post Test

School: _____

Date: _____

Grade: _____

Gender: _____ Male _____ Female

Section A: Please indicate whether or not you believe they are forms of abuse.

When someone:	Not Abuse	Uncertain	Abuse
1. Pressures you to dress a certain way	1	2	3
2. Drives fast to scare you	1	2	3
3. Accepts your opinions	1	2	3
4. Pushes or shoves you	1	2	3

Section B: Please indicate whether the behavior is something you would or would not do.

	Would not	Uncertain	Would
1. If my partner slashed my tires, I would call for help.	1	2	3
2. If my partner hit me, I would end the relationship.	1	2	3
3. If my partner threatened suicide if I ended the relationship, I would try harder to make it work.	1	2	3
4. If my partner was jealous, I would avoid other people.	1	2	3

Section C: Please indicate whether or not you believe the following are characteristics of a healthy relationship.

When someone:	Not healthy	Uncertain	Healthy
1. Respects your friends	1	2	3
2. Respects your decisions	1	2	3
3. Tells you when they are angry	1	2	3
4. Accepts when you choose to spend time with others	1	2	3

Section D: Please indicate how confident YOU are in your ability to do each of the following.

How good are at . . .?	Not good	OK	Very Good
1. openly talking about what you want	1	2	3
2. controlling your temper when you are angry	1	2	3
3. controlling feelings of jealousy	1	2	3
4. working out everyday problems	1	2	3