

PYRN Digital Needs Assessment Survey

Section 1: Basic Info

1. Full Name _____
2. Age _____
3. Zip Code / City _____
4. Preferred Contact Method
 - ☐ Phone
 - ☐ Email
 - ☐ Text
5. Current Living Situation
 - ☐ With family
 - ☐ On my own
 - ☐ Temporary housing
 - ☐ Homeless or at risk
6. Emergency Contact Name & Number _____

Section 2: Education & Employment

1. Are you currently in school or training?
 - a. ☐ Yes
 - b. ☐ No
2. Highest level of education completed
 - a. ☐ Some high school
 - b. ☐ High school diploma/GED
 - c. ☐ Some college/training
 - d. ☐ Associate/Bachelor's degree
3. Are you currently employed?
 - a. ☐ Yes (Full-time / Part-time)
 - b. ☐ No

4. What type of job or career are you interested in?
5. What support do you need? (Check all that apply)
 - a. ☐ Resume writing
 - b. ☐ Interview skills
 - c. ☐ Job search
 - d. ☐ Career exploration

Section 3: Life Skills & Adult Responsibilities

1. Do you have a state ID or driver's license?
 - a. ☐ Yes
 - b. ☐ No
2. Do you know how to: (Check all that apply)
 - a. ☐ Budget and manage money
 - b. ☐ Schedule appointments
 - c. ☐ Understand housing, transportation, or insurance
3. What adult responsibilities do you feel least prepared for?

Section 4: Wellness & Support

1. Do you have access to healthcare or mental health support?
 - a. ☐ Yes
 - b. ☐ No
2. Do you feel supported by family, friends, or mentors?
 - a. ☐ Yes
 - b. ☐ No
3. Are you currently experiencing: (Check all that apply)
 - a. ☐ Stress
 - b. ☐ Anxiety
 - c. ☐ Isolation
 - d. ☐ None of the above
4. Would you be interested in:
 - a. ☐ Peer support groups
 - b. ☐ Mentorship
 - c. ☐ Wellness workshops

Section 5: Goals & Growth

1. What are your top 3 goals for the next year?
2. What's one thing you wish adults understood about your experience?
3. What kind of support would help you most right now?
4. Are you interested in:
 - a. ☐ Volunteering
 - b. ☐ Leadership opportunities
 - c. ☐ Advocacy or community projects