

Name _____

Gender _____

Student Belief Questionnaire

1. What are you studying? What year are you in?
2. Where are you from?
3. What do you want to achieve by the end of your life?
4. Would you say you have a particular belief system/religion?
5. What do you believe happens to people after they die?
6. Who do you think Jesus was?
7. What do you understand makes someone a Christian?
8. If it was possible, would you want to know God in a personal way?

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Name _____

Email _____

Mobile _____

Survey done by: _____

Date _____

What given? _____

Comments _____

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