

PLEASE DO NOT PUT YOUR NAME ON THIS FORM!

Interview Type:

- Pre-Program Survey
- Post-Program Survey
- 6-Month Follow-up

- Please use a pencil and fill the circle completely
- Erase fully any answers you wish to change
- Do not leave stray marks on the page

- Right** ●
- Wrong** ⊗
- Wrong** ⊙

Please answer each question truthfully. Your honest answers help us improve our program

What grade are you in?
 5 6 7 8 9 10 11 12 college

How old are you?
 10 11 12 13 14 15 16 17 18+

Are you:
 Male
 Female

	Very True	A Little True	A Little False	Very False
It is clear to my friends that I am committed to living a drug free life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mostly, I see and hear positive things about drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have made a final decision to stay away from marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have decided that I will smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to get drunk sometime in the next year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to talk to my parents about drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Wrong	Wrong	A Little Wrong	Not Wrong
How wrong do you think it is for someone your age to...				
Drink beer, wine or hard liquor regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No risk	Very little risk	Some risk	Great risk	I don't know
How much do you think people risk harming themselves (physically or in other ways) if they...					
Drink alcohol 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink alcohol regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get drunk regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use meth regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use tobacco regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take someone else's prescription drug 1 or 2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take someone else's prescription drug regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is your race? (Select one or more)					
<input type="radio"/> Black or African American				<input type="radio"/> White	
<input type="radio"/> Asian				<input type="radio"/> Hispanic or Latino	
<input type="radio"/> American Indian				<input type="radio"/> Alaska Native	
<input type="radio"/> Native Hawaiian				<input type="radio"/> Other	
<input type="radio"/> Other Pacific Islander					

Thank you for your answers!

Please return this form to staff.