

**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"/>

How much do you think people risk harming themselves (physically or in other ways) if they...  
 No risk    Very little risk    Some risk    Great risk    I don't know

Drink alcohol 1 or 2 times

Drink alcohol regularly

Get drunk 1 or 2 times

Get drunk regularly

Use marijuana 1 or 2 times

Use marijuana regularly

Use cocaine 1 or 2 times

Use cocaine regularly

Use meth 1 or 2 times

Use meth regularly

Use tobacco occasionally

Use tobacco regularly

Take someone else's prescription drug 1 or 2 times

Take someone else's prescription drug regularly

What is your race? (Select one or more)  
 Black or African American     White  
 Asian     Hispanic or Latino  
 American Indian     Alaska Native  
 Native Hawaiian     Other  
 Other Pacific Islander

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**Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_



1. What did you like about the Narconon Truth About Drugs program?
  
  
  
  
  
  
  
  
  
  
2. What did you learn that you did not know before?
  
  
  
  
  
  
  
  
  
  
3. Did your thoughts about drugs change after doing this program? If yes, how did they change?
  
  
  
  
  
  
  
  
  
  
4. How can you use what you learned?
  
  
  
  
  
  
  
  
  
  
5. What would you like to say to the person who brought this program into your school or group?

Thank you for your answers. Please give this form to your teacher.

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