

Prevention Plus Wellness Program Screening Survey Addenda & Feedback Survey

Directions: Bubble in the item that best answers each question. There are no right or wrong answers.

1. In the next year, how likely are you to...

	Not at all (1)	A little (2)	Some (3)	Very (4)
a) get physical activity most days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) get 8 or more hours a sleep most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) take action to reduce stress most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How many people your age...

	None (1)	Some (2)	Most (3)	All (4)
a) get physical activity most days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) get 8 or more hours a sleep most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) take action to reduce stress most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If your friends wanted you to, would you...

	Yes (1)	Maybe Yes (2)	Maybe No (3)	No (4)
a) get physical activity most days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) get 8 or more hours a sleep most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) take action to reduce stress most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If you used any of these, would they harm your health or healthy habits?

	Yes (1)	Maybe Yes (2)	Maybe No (3)	No (4)
a) alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If your friends asked you to use these, how sure are you that you could stay away from...

	Very Sure (1)	Somewhat Sure (2)	A Little Sure (3)	Not Sure (4)
a) using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) using e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) using other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How sure are you that you could...

	Very Sure (1)	Somewhat Sure (2)	A Little Sure (3)	Not Sure (4)
a) get physical activity most days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) get 8 or more hours a sleep most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) take action to reduce stress most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete the next two items only after getting the lesson.

7. What did you like BEST about this lesson?

8. What did you like LEAST about this lesson?
