

## Prevention Plus Wellness Screening Survey Addenda

**Directions: Your answers will be confidential. DO NOT PLACE YOUR NAME ON THIS FORM. Answer all questions honestly. Carefully bubble in each answer.**

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"/>
i) use any other illegal drugs?	<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) drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) use any other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you used any of these regularly, 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"/>

4. 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"/>

# Prevention Plus Wellness Program Feedback Survey

**Directions:** Your answers will be confidential. **DO NOT PLACE YOUR NAME ON THIS FORM.** Answer all questions honestly. Carefully bubble in each answer.

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"/>
i) use any other illegal drugs?	<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) drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) use any other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you used any of these regularly, 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"/>

4. 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"/>

5. What did you like BEST about this lesson?

---

---

---

6. What did you like LEAST about this lesson?

---

---

---