



PreventionPlusWellness™



SPORT

Health Behaviors

6-Session Healthy
Lifestyle Behavior Program
- Middle School Adolescents -

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SPORT HB

Section 1

Introduction & Directions

Welcome to **SPORT Health Behaviors (HB)**! **SPORT HB** is a

6-session easy to use positive youth development program for prevention and health professionals and parents who want to prevent substance use and promote healthy lifestyle behaviors and positive identities among youth.

SPORT HB is an adaptation of the evidence-based SPORT PPW program which has undergone rigorous research evaluating its effectiveness for preventing youth substance use and increasing healthy habits. In addition, **SPORT HB** uses an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SPORT HB is the only multi-lesson program designed to increase wellness enhancing behaviors including participating in different types of physical activity, eating a variety of healthy foods,

monitoring food and calorie intake, getting adequate sleep and practicing stress control, while avoiding alcohol and drug use. It can be implemented in any setting including school, community, health care, sports, recreation, juvenile justice, at home and others.

SPORT HB is founded on the Behavior-Image Model, a positive youth development-related framework that targets naturally motivating positive peer and desired future images to increase motivation for change and multiple health behavior goal setting which in turn increases self-efficacy and self-regulation skills of participants.

SPORT HB is highly flexible and can be used as a stand-alone program, or as an add-on component to other prevention, health education, sports, fitness, recreation, education, intervention or treatment programs. While it was created as a universal prevention intervention, it can be used as a selective and indicated

prevention program for high-risk populations.

The **SPORT HB** program was designed to help youth look and feel more active, fit and healthy using a three-step process of:

1. Screening youth for their current health habits to increase awareness of their healthy behaviors and substance use;
2. Providing feedback cueing positive future images and the benefits of engaging in the healthy behaviors and how substance use harms them, to increase motivation for change; and
3. Presenting a goal plan and contract to have youth set and monitor goals to increase healthy lifestyle behaviors and avoid substance use enhancing mental and physical wellbeing and self-control skills.

Your **SPORT HB** program comes with a manual and a digital download of all reproducible materials needed to implement your program to countless participants.

The **SPORT HB** program includes:

- Step-by-step implementation directions;
- 6 screening and brief intervention sessions addressing key healthy lifestyle behaviors;
- Brief self-administered youth health and fitness behavior screening surveys;
- Scripts for providing individual one-on-one or group lessons that present positive image content linking wellness and substance use behaviors;
- Colorful slides with illustrations of youth modeling healthy habits;
- Goal plans/contracts for motivating multiple behavior change;

- Online and paper youth pretest and posttest surveys to evaluate program implementation effectiveness;
- An online and paper Instructor's Survey to assess the quality of each lesson presentation;
- A fidelity checklist to increase implementation reliability;
- Online resources to support program implementation and evaluation;
- Phone and email program support; and
- Separate online and onsite certified training workshops to learn to provide the **SPORT**

HB program, or train others to implement it, with fidelity and maximum effectiveness.

SPORT HB takes less than 50 minutes to implement and is available in three versions for: 1) High school adolescents ages 14-18, 2) Middle school adolescents ages 10-14, and 3) Elementary school children ages 8-10.

Thank you for choosing **SPORT Health Behaviors**. We know you will find **SPORT HB** an easy, enjoyable and effective way to promote fit, healthy and substance use-free lifestyles among your youth.

Steps for Implementing & Evaluating Your PPW Program

Welcome Prevention Plus Wellness Program Implementer! This information was created to help you successfully provide your Prevention Plus Wellness (PPW) Program to youth or young adults.

If you have not already done so, we strongly encourage you to take one of our convenient online or onsite training workshops to become a Certified PPW Program Implementer or Trainer. Both workshops come with 3-year certification and are designed to ensure you learn how to implement your PPW Program with fidelity and maximum effectiveness.

Listed below are the steps and tools for implementing and evaluating your PPW Program:

1. Sign-up online to receive notices of invaluable PPW resources designed to ensure you experience maximum program reach, effectiveness, and sustainability at: <https://preventionpluswellness.com>
2. Prior to implementing your Prevention Plus Wellness (PPW) Program to youth or adults, practice the individual (one-on-one) and/or group script at least three times, using the program's PowerPoint slides, screening survey, goal plan and Instructor's Survey.
3. Send any program PowerPoint slides you've tailored to your youth population or needs to Prevention Plus Wellness for review and approval prior to using them.
4. Make copies of the screening survey, goal plan and pre and posttest surveys for all participants from the digital downloads provided.

5. Immediately before beginning the lesson, administer either the online or paper pretest survey to participants. Immediately after the last lesson, implement the posttest survey. Customized links and QR codes can be requested for the online surveys from Prevention Plus Wellness at: info@preventionpluswellness.com.
6. Implement the program using the selected scripts while showing the PowerPoint slides.
7. When done, read the goal plan with the participant(s) and help them complete it, sign it, you co-sign it, and have them take it home for daily monitoring.
8. If using the paper pretest and posttest surveys, collect both the pretest and posttest for each participant and keep them in pairs for later hand data entry.
9. Re-implement your PPW program every 12 months.
10. Complete an online or paper Instructor's Survey at the end of every lesson presented to assess and track the quality of program implementation.
11. Use the online or paper Fidelity Checklist to ensure you are implementing your PPW program reliably.
12. Request data charts and raw data from online or hand-entered paper pretest and posttest surveys at any time from Prevention Plus Wellness.

SPORT HB

Section 2

Lesson # 1:

Moderate Aerobic Physical Activity

SPORT Health Behaviors[®]
Middle School Version
Moderate Aerobic Physical Activity Screening Survey

Directions: This survey will assess your moderate intensity aerobic physical activity behaviors. Your answers are private. Please answer all items honestly. Carefully bubble in the item that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. What **moderate intensity physical activities** did you participate in during the last 12 months? Those types of activities, sports or chores, that increase your breathing and heart rate, but not so much as to make you unable to talk while doing them. (Check all that apply):
 - a. Fast walking
 - b. Slow bicycling
 - c. Slow rollerblading or skating
 - d. Slow skateboarding
 - e. Slow dancing
 - f. Playing volleyball
 - g. Throwing a ball
 - h. Shooting baskets
 - i. Water aerobics
 - j. Swimming
 - k. Slow jogging
 - l. Surfing
 - m. Baseball or softball
 - n. Golfing

o. Others (list): _____

p. None

2. One most days of the week, do you engage in **moderate physical activity** for at least 30 minutes a day?

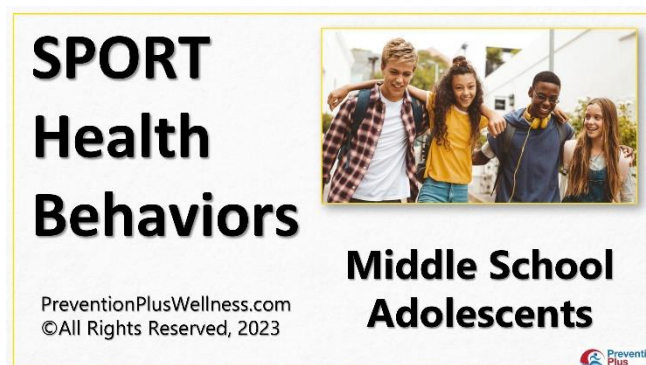
a. Yes

b. No

SPORT Health Behaviors[®]
Middle School Version
Moderate Aerobic Physical Activity Individual Script

Introduction:

(Show slide) Hi _____ (Participant's name). I'm _____ (Your name). I'll be your personal Wellness Instructor for the next six sessions. I'm going to talk with you about habits that will make you look better, feel better, and improve your performance in nearly every aspect of your life. Our first three sessions will address physical activity. Today's topic is moderate aerobic physical activity.



Screening Survey:

Before we begin, I'd like you to complete this brief screening survey. (Read directions to participants. Have them complete the survey on their own.)

Personalized Feedback:

(Check responses from screening survey below before beginning. Sit facing the participant in a quiet, private setting.)

(Respond if one or more items checked "Yes").

I see that you have:

- Q # 1 (Any item checked): Participated in _____ (mention each checked off) moderate intensity physical activities during the past 12 months. And/or
- Q # 2 (Yes): Engaged in moderate physical activity for at least 30 minutes on most days a week.

(Show slide) Congratulations! Getting moderate intensity physical activity, especially on most days of the week for at least 30 minutes each time, is critical to being **fit and active**.



**Lesson #1:
Moderate Aerobic
Physical Activity**

- Is critical to being FIT and ACTIVE
- Must be on most days a week
- 30-60 minutes each time

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(Respond if all items checked “No”).

It seems you have not:

- Q # 1 (p): Participated in any moderate intensity physical activities during the past 12 months. And have not
- Q # 2 (No): Engaged in moderate physical activity for at least 30 minutes on most days a week.

(Show slide) Getting moderate intensity physical activity will make you look and feel more **fit and active**. Set a goal to start getting 30 minutes of physical activity on most days of the week.



Lesson #1: Moderate Aerobic Physical Activity

- Is critical to being FIT and ACTIVE
- Must be on most days a week
- 30-60 minutes each time



Positive Behavior & Image Feedback:

(Show slides) Regular moderate physical activity is key to looking **strong and physically fit**. Physical activity leads to feeling more **alive, confident and successful**. It also helps with sleeping better, controlling and losing weight, growing **strong** bones, and reducing anxiety and mild depression. Regular physical activity is key to living an **active lifestyle**. It can also be fun and leads to other health promoting habits like eating healthy.

Benefits of Moderate PA

- Key to looking:
- STRONG
 - PHYSICALLY FIT
- Leads to feeling more:
- ALIVE
 - CONFIDENT
 - SUCCESSFUL



More Benefits of Moderate PA

- Sleeping better
- Controlling and losing weight
- Growing stronger bones
- Reducing anxiety and mild depression
- It's fun!
- Leads to other health promoting habits like eating healthy



Risk Behavior & Image Feedback:

(Show slide) Alcohol, regular and e-cigarettes and drug use interferes with living an active lifestyle and being physically fit. Substance use can harm your motivation to exercise regularly. It can also hurt your performance in sports. Alcohol, marijuana and other drugs can cause fatigue, bloating and weight gain. Drug and alcohol use can also decrease your energy, confidence, and coordination, as well as harm your goals to look and feel active.


Risks to Moderate PA, an Active Lifestyle and Being Physically Fit

Alcohol, regular and e-cigs and drug use can:

- Harm your motivation to exercise regularly
- Hurt your performance in sports
- Decrease your energy and coordination
- Interfere with your goals to look and feel active

Alcohol and marijuana can cause:

- Fatigue
- Bloating
- Weight gain



Recommendation:

(Show slide) As your Wellness Instructor, I recommend that you stay away from alcohol, cigarette and drug use. At the same time, get 30 minutes of moderate physical activity on most days. Together, these actions will help you to be **physically active, fit and in-shape.**

Health & Fitness Recommendations

- Stay away from alcohol, cigarette and drug use
- Get 30 or more minutes of moderate aerobic physical activity on most days of the week

Together, these actions will help you be:

- PHYSICALLY ACTIVE
- FIT
- IN-SHAPE



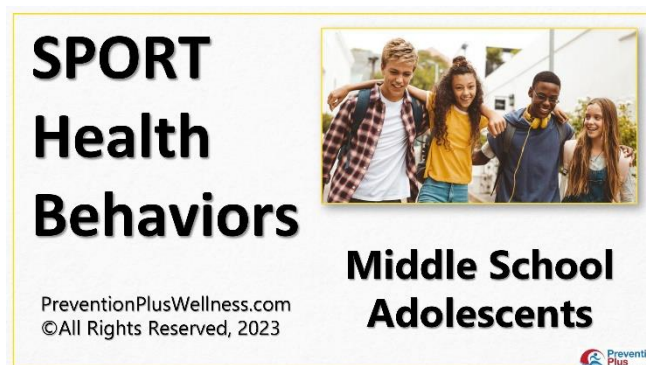
Goal Plan & Contract:

(Read to and assist the participant with completing each item on the Goal Plan. Then, have s/he sign and co-sign the Plan. Lastly, read the concluding statement with the participant. Schedule a time and place for the next coaching session.)

SPORT Health Behaviors[®]
Middle School Version
Moderate Aerobic Physical Activity Group Script

Introduction:

(Show slide) Hi _____ (Participant's name). I'm _____ (Your name). I'll be your Wellness Instructor for the next six sessions. I'm going to talk with you about habits that will make you look better, feel better, and improve your performance in nearly every aspect of your life. Our first three lessons will address physical activity. Today's topic is moderate aerobic physical activity.



Screening Survey:

Before we begin, I'd like each of you to complete this brief screening survey. (Read directions to participant. Have them complete the survey on their own.)

Moderate Physical Activity Last Year

(Ask class members to raise their hands to respond.)

Which of the following moderate intensity physical activities did you do in the last 12-months?

1. Fast walking?
2. Slow bicycling?

3. Slow rollerblading or skating?
 4. Slow skateboarding?
 5. Slow dancing?
 6. Playing volleyball?
 7. Throwing a ball?
 8. Shooting baskets?
 9. Water aerobics?
 10. Swimming?
 11. Slow jogging?
 12. Surfing?
 13. Baseball or softball?
 14. Golfing?
 15. Others (describe):
-

Positive Feedback:

(Show slide) Congratulations! Getting moderate intensity physical activity, especially on most days of the week for at least 30 minutes each time, is critical to being **fit and active**.



**Lesson #1:
Moderate Aerobic
Physical Activity**

- Is critical to being FIT and ACTIVE
- Must be on most days a week
- 30-60 minutes each time

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Positive Behavior & Image Feedback:

(Show slides) Regular moderate physical activity is key to looking **strong and physically fit**. Physical activity leads to feeling more **alive, confident and successful**. It also helps with sleeping better, controlling and losing weight, growing **strong** bones, and reducing anxiety and mild depression. Regular physical activity is key to living an **active lifestyle**. It can also be fun and leads to other health promoting habits like eating healthy.

<h3>Benefits of Moderate PA</h3> <p>Key to looking:</p> <ul style="list-style-type: none">• STRONG• PHYSICALLY FIT <p>Leads to feeling more:</p> <ul style="list-style-type: none">• ALIVE• CONFIDENT• SUCCESSFUL		<h3>More Benefits of Moderate PA</h3> <ul style="list-style-type: none">• Sleeping better• Controlling and losing weight• Growing stronger bones• Reducing anxiety and mild depression• It's fun!• Leads to other health promoting habits like eating healthy	
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Risk Behavior & Image Feedback:

(Show slide) Alcohol, regular and e-cigarettes and drug use interferes with living an active lifestyle and being physically fit. Substance use can harm your motivation to exercise regularly. It can also hurt your performance in sports. Alcohol, marijuana and other drugs can cause fatigue, bloating and weight gain. Drug and alcohol use can also decrease your energy, confidence, and coordination, as well as harm your goals to look and feel active.

Risks to Moderate PA, an Active Lifestyle and Being Physically Fit

Alcohol, regular and e-cigs and drug use can:

- Harm your motivation to exercise regularly
- Hurt your performance in sports
- Decrease your energy and coordination
- Interfere with your goals to look and feel active

Alcohol and marijuana can cause:

- Fatigue
- Bloating
- Weight gain

Recommendation:

(Show slide) As your Wellness Instructor, I recommend that you stay away from alcohol, cigarette and drug use. At the same time, get 30 minutes of moderate physical activity on most days. Together, these actions will help you to be **physically active, fit and in-shape.**

Health & Fitness Recommendations

- Stay away from alcohol, cigarette and drug use
- Get 30 or more minutes of moderate aerobic physical activity on most days of the week

Together, these actions will help you be:

- PHYSICALLY ACTIVE
- FIT
- IN-SHAPE



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Goal Plan & Contract:

(Read to and assist the participant with completing each item on the Goal Plan. Then, have s/he sign and co-sign the Plan. Lastly, read the concluding statement with the participant. Schedule a time and place for the next coaching session.)

SPORT Health Behaviors[®]
Middle School Version
Moderate Aerobic Physical Activity Goal Plan

To look and feel physically fit and active pledge to continue to avoid alcohol, nicotine and drug use, and complete the following goal plan to increase your moderate physical activity during the next week.

1. What **moderate intensity physical activities** will you do? (Check all you will do next week)
 - a. Fast walking
 - b. Slow bicycling
 - c. Slow rollerblading or skating
 - d. Slow skateboarding
 - e. Slow dancing
 - f. Playing volleyball
 - g. Throwing a ball
 - h. Shooting baskets
 - i. Water aerobics
 - j. Swimming
 - k. Slow jogging
 - l. Surfing
 - m. Baseball or softball
 - n. Golfing
 - o. Others (list): _____
 - p. None right now

2. On how many days? _____ days this week (1-7 days)

3. Which days this week? (Check off each) SU M T W TH
 F SA

4. How long each day? _____ (10-60 minutes each time)

5. Where? _____ (Specific location)

6. With whom? _____ (For example, a friend, family member, alone)

Participants signature: _____ Date:

Instructor's signature: _____ Date:

Congratulations! You've taken the first and most important step toward improving your physical fitness. Post your plan where you will see it each day (e.g., wall, mirror or desk) as a reminder of the goals you've set to achieve this week. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it! Keep trying. Never quit!

SPORT HB

Section 3

Lesson # 2:

Vigorous Aerobic Physical Activity

SPORT Health Behaviors[®]
Middle School Version
Vigorous Aerobic Physical Activity Screening Survey

Directions: This survey will assess your vigorous and moderate intensity physical activity behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. During the last week, did you participate in **moderate physical activity** for at least 30 minutes on most days?
 - a. Yes
 - b. No

2. What **vigorous or high intensity physical activities** did you participate in during the last 12 months? Those types of activities, sports or chores that make the heart beat and breathing fast, and makes it difficult to talk while doing them. (Check all that apply):
 - a. Running or fast jogging
 - b. Fast bicycling
 - c. Fast rollerblading
 - d. Fast skateboarding
 - e. Fast dancing
 - f. Singles tennis
 - g. Jumping rope
 - h. Basketball
 - i. Soccer
 - j. Touch/flag football
 - k. Swimming laps

- l. Cheerleading
- m. Gymnastics
- n. Martial arts
- o. Aerobics classes
- p. Others (list): _____
- q. None

3. Do you engage in **vigorous physical activity** for at least 30 minutes a day on 3 or more days a week?
- a. Yes
 - b. No

SPORT HB

Section 4

Lesson # 3:

Muscle Strengthening Physical Activity

SPORT Health Behaviors[®]

Middle School Version

Muscle Strengthening Physical Activity Screening Survey

Directions: This survey will assess your muscle strengthening, and vigorous and moderate aerobic physical activity behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. During the last week, did you participate in **vigorous intensity aerobic physical activity** for at least 30 minutes on 3 or more days?
 - a. Yes
 - b. No

2. During the last week, did you participate in **moderate intensity aerobic physical activity** for at least 30 minutes on most days?
 - a. Yes
 - b. No

3. What **muscle strengthening physical activities** did you participate in during the last 12 months? Those types of activities that make your muscles do more work than usual. (Check all that apply):
 - a. Push ups
 - b. Sit ups
 - c. Weight lifting
 - d. Exercises with resistance bands
 - e. Rock or tree climbing

f. Climbing or hanging on playground equipment

g. Cheerleading

h. Gymnastics

i. Others (list): _____

j. None

4. Do you engage in **muscle strengthening physical activity** on 3 or more days a week?

a. Yes

b. No

SPORT HB

Section 5

Lesson # 4:

Healthy Eating

SPORT Health Behaviors[®]
Middle School Version
Healthy Eating Screening Survey

Directions: This survey will assess your healthy eating habits. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. On most days of the week, do you eat 5 or more servings of **fruits and vegetables** (i.e., one serving = 1 piece of fruit, or 1 cup of fresh or frozen fruit or vegetable)?
 - a. Yes
 - b. No

2. Does your daily diet consist mostly of healthy foods such as **whole grain carbohydrates** like whole wheat or multi-grain breads, cereals and pasta, **low fat dairy** foods like skim, non-fat or 1% milk, cheese and yogurt, and **low fat protein** foods like fish, lean chicken, beans and peas?
 - a. Yes
 - b. No

SPORT HB

Section 6

Lesson # 5:

Monitoring Food & Calorie Intake

SPORT Health Behaviors[®]
Middle School Version
Monitoring Food & Calorie Intake Screening Survey

Directions: This survey will assess your food and calorie monitoring and healthy eating habits. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. During the last week, did you eat 5 or more servings of **fruits and vegetables** on most days of the week (i.e., one serving = 1 piece of fruit, or 1 cup of fresh or frozen fruit or vegetable)?
 - a. Yes
 - b. No

2. During the last week, did your daily diet consist mostly of healthy foods such as **whole grain carbohydrates** like whole wheat or multi-grain breads, cereals and pasta, **low fat dairy** foods like skim, non-fat or 1% milk, cheese and yogurt, and **low fat protein** foods like fish, lean chicken, beans and peas?
 - a. Yes
 - b. No

3. What **calorie intake monitoring strategies** did you use during the last week?
 - a. Choose lower calorie foods over those with more calories
 - b. Drank water instead of sugary drinks
 - c. Limited eating fast foods, sugary drinks or sweets
 - d. Ate smaller serving sizes
 - e. Avoided skipping meals

- f. Selected nutrient-dense snacks, like fruits, vegetables, and low fat protein foods
- g. Adjusted your calorie intake to match your activity level
- h. Limited your TV/computer/video viewing time
- i. Ate more slowly
- j. Regularly monitored your body weight
- k. Avoided unhealthy eating behaviors, like “dieting,” fasting, vomiting and using laxatives
- l. Kept physically active
- m. Others (list): _____
- n. None

4. On most days of the week, do you eat a **healthy breakfast** (i.e., breakfast with fruits and vegetables, whole grains, low fat dairy, or low fat protein)?
- a. Yes
 - b. No

SPORT HB

Section 7

Lesson # 6:

Getting Adequate Sleep & Controlling Stress

SPORT Health Behaviors[®]
Middle School Version
Getting Sleep & Controlling Stress Screening Survey

Directions: This survey will assess your stress control behaviors. Your answers are private. Please answer all items honestly. Check the box that best matches your answer. There are no right or wrong answers. Please do not place your name on this survey.

1. On most days of the week, do you **get 8 or more hours of sleep** a night?
 - a. Yes
 - b. No

2. One most days of the week, do you practice **deep breathing, meditation, prayer** or similar **mental or spiritual activities**?
 - a. Yes
 - b. No

3. On most days of the week, do you put yourself in a **quiet environment** without distractions, or listening to **quiet or soothing music**?
 - a. Yes
 - b. No

4. On most days of the week, do you cope with stress by **accepting things you can't change, looking at challenges as opportunities, or learning to forgive and let go**?
 - a. Yes
 - b. No

5. On most days of the week, do you **communicate with friends or family** that are supportive of you living a fit and healthy lifestyle?

a. Yes

b. No

6. On most days of the week, do you **engage in physical activity**?

a. Yes

b. No

7. On most days of the week, do you **eat healthy foods and not skip meals**?

a. Yes

b. No

SPORT HB

Section 8: Evaluation Materials

Prevention Plus Wellness Program Pretest

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

1. What is today's date (MM/DD/YY): ___ / ___ / ___ /
2. Enter a 4 digit code number given to you or one you came up with (Hint: one you can easily remember): ___ / ___ / ___ / ___ /
3. School or location code (optional): ___ / ___ / ___ / ___ /
4. Are you (circle one):
 - a. Male
 - b. Female
 - c. Other
5. How old are you? ___ ___ years old
6. In the next year, how likely are you to...
(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely
 - a) Get physical activity most days a week? 1 2 3 4 5
 - b) Get 8 or more hours a sleep most nights a week? 1 2 3 4 5
 - c) Eat fruits and vegetable most days a week? 1 2 3 4 5
 - d) Eat a healthy breakfast most days a week? 1 2 3 4 5
 - e) Take a drink of alcohol? 1 2 3 4 5
 - f) Puff on a cigarette? 1 2 3 4 5
 - g) Try any marijuana? 1 2 3 4 5
 - h) Try an e-cigarette? 1 2 3 4 5

- | | | | | | |
|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week? | 1 | 2 | 3 | 4 | 5 |
| j) Try any opioids for nonmedical reasons? | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness? | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- | | | | | | |
|------------------|---|---|---|---|---|
| a) Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes? | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana? | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids? | 1 | 2 | 3 | 4 | 5 |

8. How much control do your friends have on whether you use alcohol or drugs?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

9. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

Prevention Plus Wellness Program Posttest

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

1. What is today's date (MM/DD/YY): ___ / ___ / ___ /
2. Enter a 4 digit code number given to you or one you came up with (Hint: one you can easily remember): ___ / ___ / ___ / ___ /
3. School or location code (optional): ___ / ___ / ___ / ___ /
4. Are you (circle one):
 - a. Male
 - b. Female
 - c. Other

5. How old are you? ___ ___ years old

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

(1) Very likely (2) Likely (3) Neither likely nor unlikely (4) Unlikely (5) Very unlikely

- | | | | | | |
|--|---|---|---|---|---|
| a) Get physical activity most days a week? | 1 | 2 | 3 | 4 | 5 |
| b) Get 8 or more hours a sleep most nights a week? | 1 | 2 | 3 | 4 | 5 |
| c) Eat fruits and vegetable most days a week? | 1 | 2 | 3 | 4 | 5 |
| d) Eat a healthy breakfast most days a week? | 1 | 2 | 3 | 4 | 5 |
| e) Take a drink of alcohol? | 1 | 2 | 3 | 4 | 5 |
| f) Puff on a cigarette? | 1 | 2 | 3 | 4 | 5 |
| g) Try any marijuana? | 1 | 2 | 3 | 4 | 5 |
| h) Try an e-cigarette? | 1 | 2 | 3 | 4 | 5 |

- | | | | | | |
|---|---|---|---|---|---|
| i) Practice a stress control or relaxation technique most days a week? | 1 | 2 | 3 | 4 | 5 |
| j) Try any opioids for nonmedical reasons? | 1 | 2 | 3 | 4 | 5 |
| k) Set goals to improve your health or fitness? | 1 | 2 | 3 | 4 | 5 |
| l) Feel so sad or hopeless that you stop doing some of your usual activities? | 1 | 2 | 3 | 4 | 5 |

7. If you were to use any of these often, would they harm your health or healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

- | | | | | | |
|------------------|---|---|---|---|---|
| a) Alcohol? | 1 | 2 | 3 | 4 | 5 |
| b) Cigarettes? | 1 | 2 | 3 | 4 | 5 |
| c) Marijuana? | 1 | 2 | 3 | 4 | 5 |
| d) E-cigarettes? | 1 | 2 | 3 | 4 | 5 |
| e) Opioids? | 1 | 2 | 3 | 4 | 5 |

8. How much control do your friends have on whether you use alcohol or drugs?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

9. How happy are you with your current physical and mental health?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

10. How much did you like the lesson?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

11. How much will the lesson help you avoid drug use and improve your healthy habits?

(1) A great deal (2) A lot (3) A moderate amount (4) A little (5) None at all

12. What did you like BEST about this lesson? For example, how did it affect your health behaviors, substance use, motivation, goal setting, self-esteem, etc.?

13. What did you like LEAST about this lesson? For example, what do you think should be changed or improved?

Prevention Plus Wellness (PPW) Instructor's Survey

Date: _____ Code: _____

Directions: Complete this survey after each lesson provided. Circle one response for each item.

1. What was your level of comfort while providing the PPW lesson?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
2. Did you use active presenting strategies (i.e., good eye contact, body positioning, changing tone of voice, and listening)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
3. What was your level of enthusiasm and passion while presenting the lesson?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
4. How smooth and continuous was the flow of the lesson delivery?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
5. How accurately did you follow the protocol (i.e., adherence to the script, no ad-libbing extra content)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
6. Was the lesson content provided completely (i.e., covered all of the scripted messages)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all
7. What was the youths' responsiveness to the lesson (i.e., listening, answering, showing interest)?
a) A great deal b) A lot c) A moderate amount d) A little e) None at all

8. Which Prevention Plus Wellness (PPW) program was implemented?
a) SPORT b) InShape c) Vaping d) Marijuana e) Opioid f) SPORT 2
g) Racial Justice h) Parent i) IGI j) SPORT 3

9. How was the PPW lesson implemented? (Check all that apply).
a) To one person individually/one-on-one
b) To a group
c) In person
d) Online
e) To elementary school aged youth
f) To middle school aged youth
g) To high school aged youth
h) To young adults
i) Other (please specify) _____

10. What did you like BEST about implementing the PPW lesson?

11. What did you like LEAST about implementing the PPW lesson?

Prevention Plus Wellness Program Fidelity Checklist

Date: _____

Prevention Plus Wellness program(s) implemented:

Code number: _____

Directions: Check each item completed. Total items to determine level of implementation fidelity.

1. Did implementers complete a Certified Prevention Plus Wellness Program Implementer's Training Workshop within the last 3-years?
2. Did implementers practice the PPW lesson script(s) at least 3 times prior to implementing the program?
3. Did you implement the PPW Pretest Survey prior to implementing the program each time?
4. Did you implement the PPW lesson following the script each time?
5. Did you provide the script content with enthusiasm and passion each time?
6. Did you provide the screening survey, lesson script and goal plan all in one session each time?
7. Did you show the PPW program PowerPoint slides during the lesson each time?
8. Did you read the entire goal plan and help participants complete it each time you implemented the program?
9. Did you have participants sign the goal plan and did you co-sign the goal plan every time you implemented the program?
10. Did you implement the PPW Posttest Survey after implementing the lesson each time?
11. Did implementers complete an Instructor's Survey assessing their presentation quality after implementing each PPW lesson?
12. Did you remind participants to post their goal plan where they would see it and monitor their goals daily every time you implemented the program?