



SPORT Alcohol & Cannabis

Substance Use Prevention Program
Promoting Healthy Lifestyle Behaviors
- High School Adolescents -

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SPORT PPW AC

Section 1: Introduction

Prevention Plus Wellness
(PPW) Alcohol & Cannabis
(AC)! SPORT PPW AC is a quick and 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 of youth.

adaptation of the rigorously evaluated, evidence-based SPORT PPW program with added cannabis prevention messages along with the alcohol prevention content.

Like other Prevention Plus Wellness programs, SPORT PPW AC is designed to increase healthy lifestyle habits of youth and uses an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services

Administration (SAMHSA).

sport PPW AC is the only single-session substance use prevention program designed to increase health-enhancing

behaviors including physical activity, sports participation, healthy eating, getting adequate sleep, and practicing stress control. It can be implemented in any setting including school, community, health care, sports, recreation, juvenile justice, home, and others.

sport ppw AC is founded on the Behavior-Image Model (BIM), 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 to increase self-regulation skills and self-efficacy of participants.

sport ppw AC is highly flexible and can be used as a standalone intervention, or as an add-on component to other prevention, health, sports, fitness, recreation, education, intervention, or treatment programs. While it was created as a universal prevention intervention, organizations across the US and abroad use it as a

selective and indicated prevention program for high-risk populations.

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

- Screening youth for their current health habits to increase awareness of their substance use and healthy behaviors;
- 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 help youth set and monitor goals to avoid substance use and increase protective wellness behaviors increasing self-control skills and self-efficacy.

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

The **SPORT PPW AC** program includes:

- Step-by-step implementation directions;
- A brief self-administered youth health and fitness behavior screening survey;
- Scripts for easy presentation of both an individual or group lesson that presents positive image content linking healthy and substance use behaviors;
- A set of colorful slides with illustrations of youth modeling healthy habits;
- A goal plan/contract for motivating and initiating multiple behavior change;
- Online or paper youth pretest and posttest surveys to evaluate immediate program effectiveness;
- An online or paperInstructor's Survey to assess

- the quality of the lesson presentation;
- An online or paper Fidelity
 Checklist to increase
 implementation reliability;
- A Youth Online PPW Program
 Goal Plan to extend the
 program and follow-up with
 participating youth;
- Online resources to support program implementation and evaluation;
- 11. Phone and email program support; and
- 12. Separate online or onsite certified training workshops to learn how to implement the SPORT PPW AC program,

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

sport PPW AC 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 Prevention Plus Wellness

Alcohol & Cannabis. We know you will find SPORT PPW AC an easy, enjoyable, and effective way to promote the mental and physical health of your youth.

SPORT PPW AC

Section 2: Directions for Implementation

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:

- 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 young 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 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 script 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. An optional online goal plan/contract and screening survey are provided in the PowerPoint slides if you decide to provide your program virtually.
- 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. You can follow-up with participating youth by having them complete one or more additional weekly paper or Online PPW Program Goal Plans.
- 10. Use the optional Parent Flyers (SPORT PPW) to reinforce program messages at home.
- 11. Re-implement your PPW program every 6-12 months.
- 12. Complete an online or paper Instructor's Survey at the end of every lesson presented to assess and track the quality of program implementation.
- 13. Use the online or paper Fidelity Checklist to ensure you are implementing your PPW program reliably.
- 14. Request data charts and raw data from online or hand-entered paper pretest and posttest surveys at any time from Prevention Plus Wellness.

SPORT PPW AC

Section 3: Individual Lesson Script

SPORT© Prevention Plus Wellness AC High School Adolescent Version Individual Lesson Script

Introduction

(Before introducing the program, administer the pretest survey to youth by either showing the customized link/QR code to the online survey or handing out the paper survey. Give youth directions to complete the confidential survey and wait until everyone has completed the pretest before launching the lesson introduction). (Show slide).



| Hi, | (youth's name). My name is |
|--------------|--|
| | I'll be your instructor during this brief fitness and |
| health talk. | I'm going to talk to you about habits that can make you look better, |
| feel better, | and improve your performance in physical activities, school, and |
| relationship | S. |

Screening Survey

(Distribute the screening survey for youth to complete or show the slide with the screening survey link if presenting the lesson virtually). Now, please take out your copy of the SPORT Prevention Plus Wellness Health and Fitness Survey. The purpose of this survey is to determine what you are doing about your health. Your answers are private. DO NOT PLACE YOUR NAME ON THE SURVEY. We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until the survey is completed). (Show slide).



1. Sports/Physical Activity Last Year

Collect the screening survey from the youth or have them respond verbally to each of the screening survey slides. Read only ONE response. If the youth checks any sport or physical activity in question #1 on survey, read "Yes" response. If the youth answers "t" for question 1, read "No" response.

☐ (Yes) Sports/Physical Activity

Benefits of Sports & Physical Activity (Show slides).





I see that you participate in: ______(name sports and physical activities listed on the survey.)

Good for you! Sports and physical activities are a great way to get regular exercise. Sports and physical activities are fun, help you look fit and strong, feel good about yourself, give you lots of energy, and can help you do better in school.

2. Substance Use Harms Sports & Physical Activity (Show slide).



However, using alcohol and cannabis and an active lifestyle <u>do not mix</u>. Using too much alcohol can hurt your performance in sports, physical activities, and school. It can also have a negative impact on your health and your relationships with friends and family. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being

successful in school and sports.

(No) Sports/Physical Activity

Benefits of Sports & Physical Activity (Show slides).



I see that you may not be playing any sports or participate in any physical activities. You can really improve your health and how well you feel by being more active. Sports and physical activities are fun, help you look fit and strong, feel good about yourself, give you lots of energy, and help you do better in school. Pick a fun physical activity that you like to do, such as riding a bike or walking, and do it today!

2. Substance Use Harms Sports & Physical Activity (Show slide).



Alcohol and cannabis use can keep you from having an active life. Using too much alcohol can hurt your performance in sports, physical activities, and

school. It can also have a negative impact on your health and your relationships with friends and family. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being successful in school and sports.

2. Regular Physical Activity

Read only ONE response. If the youth answers "Yes" to question #2 on survey, read "Yes" response. If the youth answers "No" to question 2 on survey, read "No" response.

(Yes) Regular Physical Activity

1. Benefits of Regular Physical Activity (Show slides).



I see that you engage in regular physical activity. That's great! Sports or other physical activities promote a healthy heart and lungs, as long as they last for at least 30 minutes on most days. Physical activity also helps control weight and stress. Various rewards come from participating in physical activity, such as increased feelings of success, reduced feelings of depression and anxiety, decreased body fat, and reduced risk of developing various diseases.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have them answer this question to themselves. Then ask them to share their response). (Show slide).



2. Substance Use Harms Regular Physical Activity (Show slide).



Using too much alcohol can interfere with fitness and weight control by decreasing your energy level and adding empty calories to your diet.

Meanwhile, cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding alcohol and cannabis use, along with getting regular exercise, is the key to keeping a fit and healthy body and mind.

(No) Regular Physical Activity

1. Benefits of Regular Physical Activity (Show slides).



I see that you may not get regular physical activity. To feel better and have a healthy heart and fit body, you should get some regular physical activity. Sports and other physical activities promote a healthy heart and lungs, as long as they last for at least 30 minutes most days. Physical activity also helps control weight and stress. Various rewards come from participating in physical activity, such as increased feelings of success, reduced feelings of depression and anxiety, decreased body fat, and reduced risk of developing various diseases.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have them answer this question to themselves. Then ask them to share their response). (Show slide).



2. Substance Use Harms Regular Physical Activity (Show slide).



Using too much alcohol can interfere with fitness and weight control by decreasing your energy level and adding empty calories to your diet. Meanwhile, cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding alcohol and cannabis use, along with getting regular exercise, is the key to keeping a fit and healthy body and mind.

3. Physical Activity Norms

Read only ONE response. If the youth answers "Yes" to question #3 on survey, read "Yes" response. If the youth answers "No" to question 3 on survey, read "No" response.

(Yes) Physical Activity Norms

1. Friends Can Support Your Healthy Habits (Show slides).



Do your friends influence you to participate in regular physical activity?



Young people are morelikely to be physically active if their friends are active

- Social support from friends & family can promote healthy habits
- Friends can also influence you to either avoid or engage in unhealthy habits, such as using alcohol orcannabis





2. Some Friends Can Hinder Your Being Healthy (Show slide).



- Do they encourage you to engage in habits that better your fitness & health?
- Or do they pressure you to do unhealthy things?





(No) Physical Activity Norms

1. Friends Can Support Your Healthy Habits (Show slides).



Do your friends influence you to participate in regular physical activity?



Young people are morelikely to be physically active if their friends are active

- Social support from friends & family can promote healthy habits
- Friends can also influence you to either avoid or engage in unhealthy habits, such as using alcohol orcannabis



2. Some Friends Can Hinder Your Being Healthy (Show slide).



4. Breakfast and Nutrition

Read only ONE response. If the youth answers "Yes" to question #4 on survey read "Yes" response. If the youth answers "No" to question 4 on survey, read "No" response.

Eat a Healthy Breakfast

(Yes) Breakfast and Nutrition

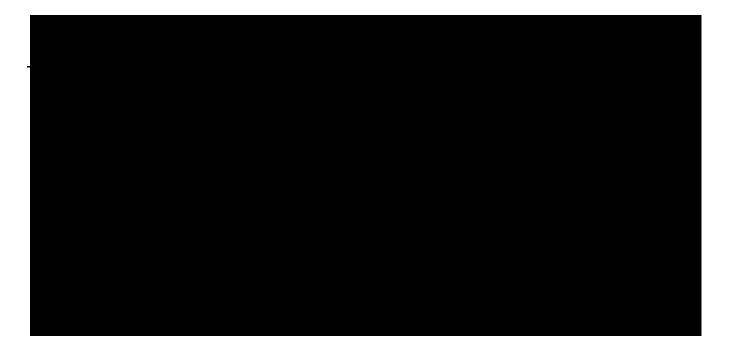
1. Benefits of Healthy Eating (Show slides).





2. Substance Use Harms Healthy Eating (Show slide).

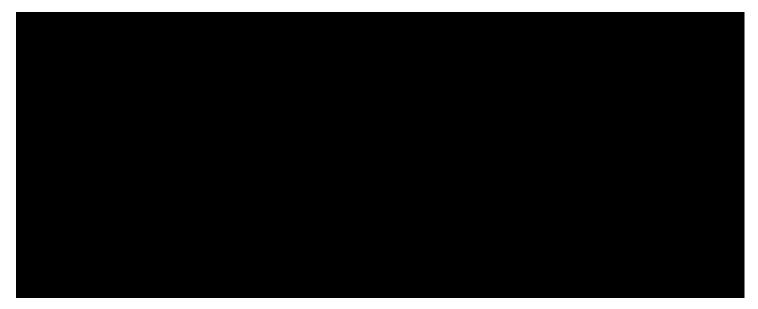




☐ (No) Breakfast and Nutrition

1. Benefits of Healthy Eating (Show slides).







2. Substance Use Harms Healthy Eating (Show slide).





5. Sleep 8 or More Hours

Read only ONE response. If the youth answers "yes" to question #5 on survey, read "Yes" response. If the youth answers "No" to question 5 on survey, read "No" response.

☐ (Yes) Sleep

1. Benefits of Getting Plenty of Sleep (Show slides).









2. Substance Use Harms Getting Enough Sleep (Show slide).





☐ (No) Sleep

1. Benefits of Getting Plenty of Sleep (Show slides).

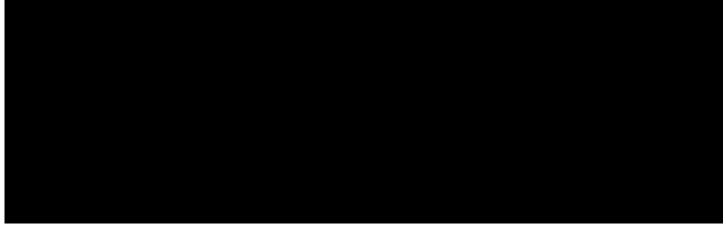






2. Substance Use Harms Getting Enough Sleep (Show slide).





6. Alcohol & Cannabis Use

Read only ONE response. If the youth answers "0" alcohol drinks to question #6 on survey AND "no" to the cannabis use question #7, read the "No"

response. If the youth answers they have used any number of alcohol drinks in question #6 OR "yes" they used cannabis, read the "Yes" response.

☐ (No) use of any alcohol or cannabis

(Show slides).





2. Alcohol & Cannabis Myths (Show slide).





3. Most Youth Do Not Use Alcohol or Cannabis (Show slide).





4. Choose for Yourself (Show slide).





5. Plan Ahead (Show slides).







6. Recommendations for Increasing Wellness (Show slide).



Recommendations for Increasing Wellness

- Get 8 or more hours of sleep each night;
 Eat a healthy breakfast every day, and a
- daily variety of fruits and vegetables;

 3. Participate in fun physical activity at least 30 minutes a day four or five times a week;
- 4. Practice a stress control technique most days a week; and
- 5. Most importantly avoid alcohol and cannabis, and other substance use.

(Yes) use of any alcohol or cannabis

(Show slides)



2. Alcohol & Cannabis Myths (Show slide).





3. Most Youth Do Not Use Alcohol or Cannabis (Show slide).





4. Choose for Yourself (Show slide).



5. Plan Ahead (Show slides).









6. Recommendations for Increasing Wellness (Show slide).



To ke have relati using

Wellness Goal Plan & Contract

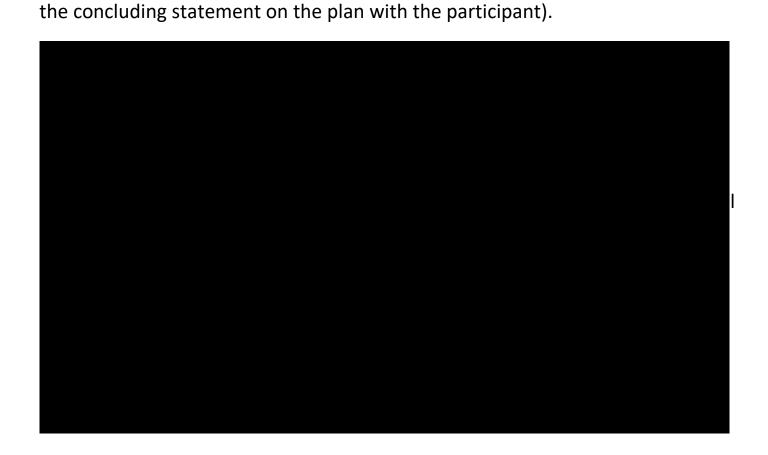
(Distribute and have youth complete the goal plan/contract form or show the goal plan slide and have youth complete it online if presenting the lesson virtually).

(Show slide).



Now, take out your copy of the Wellness Goal Plan/Contract and read along.

(Read the goal plan aloud and assist the participant with completing each item on the goal plan. Then, have them sign and you co-sign the plan. Lastly, read



SPORT PPW AC

Section 4:
Group Lesson Script

SPORT© Prevention Plus Wellness AC High School Adolescents Version Group Lesson Script

Introduction

(Before introducing the program, administer the pretest survey to youth by either showing the customized link/QR code to the online survey or handing out the paper survey. Give youth directions to complete the confidential survey and wait until everyone has completed the pretest before launching the lesson introduction). (Show slide).



Hello. For the next several minutes I will be talking with you about SPORT Prevention Plus Wellness, an exciting new fitness and health program. Together we will look at habits that can make you look better, feel better, and improve your performance in physical activities, school, and relationships.

Screening Survey

(Distribute the screening survey for youth to complete or show the slide with the screening survey link if presenting the lesson virtually). Now, please take out your copy of the SPORT Prevention Plus Wellness Health and Fitness Screen. The purpose of this survey is to determine what you are doing about your health. Your answers are private. DO NOT PLACE YOUR NAME ON THE SURVEY. We want your answers to be a secret. Please answer all questions honestly. Thank you. (Wait until everyone has completed the survey). (Show slides).



1. Sports/Physical Activity Last Year

(Show slide). (Ask group members to raise their hands and respond as you read each of the types of physical activities aloud to highlight the positive social norm that my peers are physically active).



| 1. | O Baseball or softball |
|-----|---------------------------------|
| 2. | O Basketball |
| 3. | O Riding a bicycle |
| 4. | O Dance/Cheerleading/Gymnastics |
| 5. | O Football |
| 6. | O Golfing |
| 7. | O Horseback riding |
| 8. | O Running or walking |
| 9. | O Rollerblading |
| 10. | O Skateboarding |
| 11. | O Soccer |
| 12. | O Surfing |
| 13. | O Swimming |
| 14. | O Tennis |
| 15. | O Track |
| 16. | O Volleyball |
| 17. | O Wrestling |
| 18. | O Weightlifting |
| 19. | O Others (describe) |
| | |

1. Benefits of Sports & Physical Activity (Show slide).



Good for you! Sports and physical activities are a great way to get regular exercise. Sports and physical activities are fun, help you look fit and strong, feel good about yourself, give you lots of energy, and can help you do better in school.

2. Substance Use Harms Sports & Physical Activity (Show slide).



However, using alcohol and cannabis and an active lifestyle <u>do not mix</u>. Using too much alcohol can hurt your performance in sports, physical activities, and school. It can also have a negative impact on your health and your relationships with friends and family. Using cannabis can harm brain development, lung function, and increase risk for mental health issues that can hinder being successful in school and sports.

2. Regular Physical Activity

(Show slide). (Ask participants to answer only to themselves).



1. Benefits of Regular Physical Activity (Show slide).



Sports or other physical activities promote a healthy heart and lungs, as long as they last for at least 30 minutes on most days. Physical activity also helps control weight and stress. Various rewards come from participating in physical activity, such as increased feelings of success, reduced feelings of depression and anxiety, decreased body fat, and reduced risk of developing various diseases.

Discussion Question: What types of sports or other physical activities would you like to try or do more of? (Pause and have youth answer this question to themselves. Ask a few youths to share their responses). (Show Slide).



2. Substance Use Harms Regular Physical Activity (Show slide).



Using too much alcohol can interfere with fitness and weight control by decreasing your energy level and adding empty calories to your diet. Meanwhile, cannabis use impairs physical skills needed to perform in sports, physical activities and drive safely, including coordination, reaction time and concentration. Avoiding alcohol and cannabis use, along with getting regular exercise, is the key to keeping a fit and healthy body and mind.

3. Physical Activity Norms

(Show slide). (Ask participants to answer to themselves).



1. Friends Can Support Your Healthy Habits (Show slide).







2. Some Friends Can Hinder Your Being Healthy (Show slide).





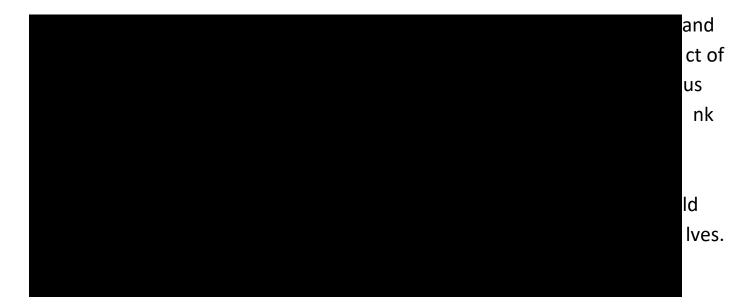
3. **Breakfast and Nutrition**

(Show slide). (Ask participants to answer to themselves).



1. Benefits of Healthy Eating (Show slide).

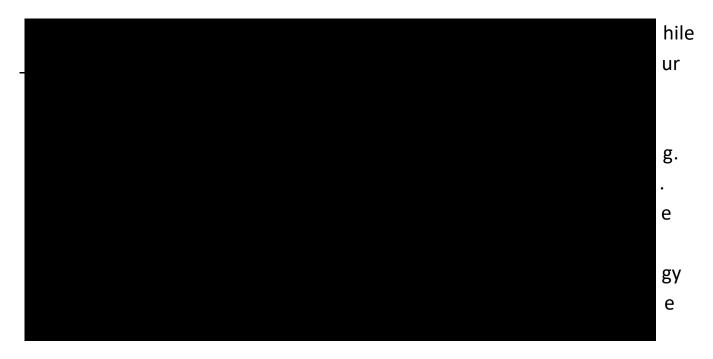






2. Substance Use Harms Healthy Eating (Show slide).





4. Sleep 8 or More Hours

(Show slide). (Ask participants to answer to themselves).



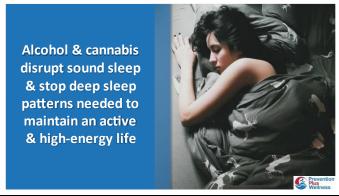
1. Benefits of Getting Plenty of Sleep (Show slide).

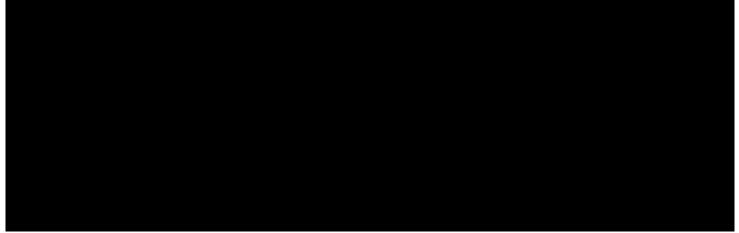






2. Substance Use Harms Getting Enough Sleep (Show slide).





5. Alcohol & Cannabis Use

(Show slides). (Ask participants to answer to themselves).





2. Alcohol & Cannabis Myths (Show slide).





3. Most Youth Do Not Use Alcohol or Cannabis (Show slide).





4. Choose for Yourself (Show slide).





5. Plan Ahead (Show slides).









6. Recommendations for Increasing Wellness (Show slide).



Recommendations for Increasing Wellness

- 1. Get 8 or more hours of sleep each night;
- 2. Eat a healthy breakfast every day,and a daily variety of fruits and vegetables;
- Participate in fun physical activity at least 30 minutes a day four or five times a week;
- 4. Practice a stress control technique most days a week; and
- 5. <u>Most importantly</u> avoid alcohol and cannabis, and other substance use.



Wellness Goal Plan & Contract

(Distribute and have youth complete the goal plan/contract form or show the goal plan slide and have youth complete it online if presenting the lesson virtually). (Show slide).



Now, take out your copy of the Wellness Goal Plan/Contract and read along. (Read the goal plan aloud and assist the participant with completing each item on the goal plan. Then, have them sign and you co-sign the plan. Lastly, read the concluding statement on the plan with the participant).



SPORT PPW AC

Section 5: Screening Survey & Goal Plan/Contract

SPORT© Prevention Plus Wellness AC High School Adolescent Version Health and Fitness Screening Survey

Directions: The purpose of this survey is to determine what you are doing about your health. Your answers will be confidential. <u>DO NOT PLACE YOUR NAME ON THIS FORM.</u>
Answer all questions honestly. Carefully bubble in each answer.

| nealti | n. Your answers will be confidential. <u>DO NOT PLACE YOUR NAME ON THIS FORM</u> |
|--------|---|
| Answ | er all questions honestly. Carefully bubble in each answer. |
| 1. W | hat sports or physical activities did you play in the last year? (Check all that apply) |
| a. | O Baseball or softball |
| b. | O Basketball |
| c. | O Riding a bicycle |
| d. | O Dance/Cheerleading/Gymnastics |
| e. | O Football |
| f. | O Golfing |
| g. | O Horseback riding |
| h. | O Running or walking |
| i. | O Rollerblading |
| j. | O Skateboarding |
| k. | O Soccer |
| l. | O Surfing |
| m. | O Swimming |
| n. | O Tennis |
| 0. | O Track |

p. O Volleyball

| | q. | O Wrestling |
|----|----|---|
| | r. | O Weightlifting |
| | s. | O Others (list) |
| | t. | O I did not play any sports or physical activities last year |
| 2. | we | you participate in any physical activity for at least 30 minutes four or five times a ek? For example, riding a bike, running, walking, swimming, or playing a sport for 30 nutes or more on most days. |
| | | O Yes O No |
| 3. | Do | your friends influence you to participate in regular physical activity? |
| | | O Yes O No |
| 4. | | you usually eat a healthy breakfast each morning? For example, cereal and low-fat k, whole wheat toast, oatmeal, eggs, yogurt or fruit. |
| | | O Yes O No |
| 5. | Do | you usually sleep eight or more hours each night? |
| | | O Yes O No |
| | | |

| 6 | . During the past 30 days, | what is the gre | <u>atest</u> number | of alcoholic | drinks you | had at | any |
|---|----------------------------|-----------------|---------------------|--------------|------------|--------|-----|
| | one time? | | | | | | |

- a. O 5 or more drinks
- b. O 4 drinks
- c. O 3 drinks
- d. O 2 drinks
- e. O 1 drink
- f. O 0 drinks

7. During the past 30 days, have you smoked, vaped, drank or eaten any cannabis (marijuana)?

- a. O Yes
- b. O No

SPORT© Prevention Plus Wellness AC High School Adolescent Version Wellness Goal Plan

Recommendations for increasing your wellness:

- 1. Get 8 or more hours of sleep each night;
- 2. Eat a healthy breakfast every day, such as nutritious cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit, and eat a daily variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
- 3. Participate in some fun physical activity, such as riding a bike, running, swimming, or walking, at least 30 minutes a day four or five times a week;
- 4. Practice a stress control technique most days a week like slow-deep breathing, yoga, meditation, prayer, taking a relaxing bath or shower, placing yourself in a quiet space, or walking in nature; and
- 5. <u>Most importantly</u>, avoid alcohol and cannabis, plus tobacco, e-cigarettes, prescription drug misuse, and other illegal drugs.



| 1. | List a specific health habit (e.g., play tennis NOT get more exercise): | |
|----|---|--|
| | | |
| | | |

2. Amount (e.g., 30 minutes each time): _____

| (Youth's signature) | (Date) | |
|---------------------|--------|--|



Congratulations! You have successfully completed this *SPORT* PPW lesson.

- 1. Take this contract home and put it where it can be seen every day, week and month (i.e., on the refrigerator, wall, or your mirror) so you can track your goal progress each day.
- 2. Revisit your goal plan at the end of the first week and make changes if needed to help you be even more successful in reaching your future goals every week.

| 3. | | | |
|----|--|--|--|
| | | | |
| | | | |
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SPORT PPW AC

Section 6: Evaluation Materials

Prevention Plus Wellness Program Pretest

Directions: Your answers will be confidential. <u>DO NOT PLACE YOUR NAME ON THIS</u>
<u>FORM</u>. 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 easily remember):/// | or one you car | ne up witl | n (Hint | : one yo | u can |
| 3. School or location code (optional):/ | _/_/_/ | | | | |
| 4. Are you (circle one): | | | | | |
| a. Maleb. Femalec. 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 likel | y nor unlikely(| 4) Unlikely | ' (5) V | ery unlil | kely |
| 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? | | | | sons? | 1 | 2 | 3 | 4 | 5 |
| k) Set go | oals to impr | ove your h | ealth o | r fitness? | 1 | 2 | 3 | 4 | 5 |
| I) 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 | e any of th | ese oft | en, would they har | m your | health | or hea | llthy habi | ts? |
| | (1) A grea | t deal (2 |) A lot | (3) A moderate ar | nount | (4) A I | ittle (| (5) None | at al |
| a) Alcoh | ol? | 1 | 2 | 3 | 4 | | 5 | | |
| b) Cigare | ettes? | 1 | 2 | 3 | 4 | | 5 | | |
| c) Mariju | uana? | 1 | 2 | 3 | 4 | | 5 | | |
| d) E-ciga | rettes? | 1 | 2 | 3 | 4 | | 5 | | |
| e) Opioi | ds? | 1 | 2 | 3 | 4 | | 5 | | |
| 8. How r | nuch contro | ol do your | friends | have on whether y | ou use | alcoho | ol or dru | ugs? | |
| (1) A | great deal | (2) A lot | (S) A r | moderate amount | (4) A | little | (5) Non | e at all | |
| 9. How h | nappy are y | ou with yo | ur curr | ent physical and m | ental h | ealth? | | | |
| (1) A | great deal | (2) A lot | (3) A r | moderate amount | (4) A | little (| (5) Non | e at all | |

Prevention Plus Wellness Program Posttest

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

| 1. | what is today's date (MINI/DD/YY): / | / | / | | | | | |
|-----------|--|--|----------|--------|-----------|-----|--|--|
| 2. | Enter a 4 digit code number given to you or can easily remember):/// | 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):// | School or location code (optional): / / / | | | | | | |
| 4. | Are you (circle one): | | | | | | | |
| b. | Male Female Other | | | | | | | |
| 5. | How old are you? years old | | | | | | | |
| 6. | In the next year, how likely are you to | | | | | | | |
| (1) Ve | ery likely (2) Likely (3) Neither likely nor unli | kely (4) | Unlikely | (5) Ve | ry unlike | ely | | |
| a) Get p | hysical 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 fr | uits 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 o | n a cigarette? | 1 | 2 | 3 | 4 | 5 | | |
| g) Try ar | ny marijuana? | 1 | 2 | 3 | 4 | 5 | | |
| h) Try ar | n 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 |
| I) 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: |
|-------------|---|
| Directitem. | ons: Complete this survey after each lesson provided. Circle one response for each |
| 1. | Vhat 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 nterest)? |

a) A great deal b) A lot c) A moderate amount d) A little e) None at all

| 8. | a) SPORT b) InShape c) Vaping d) Marijuana e) Opioid f) SPORT 2 |
|-----|--|
| | g) Racial Justice h) Parent i) IGI j) SPORT 3 |
| | 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: | | | | |
|-----------------|---|--|--|--|
| Prev | Prevention Plus Wellness program(s) implemented: | | | |
| Code | Code number: | | | |
| Dired fideli | ctions: Check each item completed. Total items to determine level of implementation ity. | | | |
| 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? | | | |

SPORT PPW AC

Section 7: PPW Program Online Follow-Up Goal Plan

You can make additional copies of the paper PPW Goal Plan or use the Youth Online PPW Program Goal Plan (shown below) after implementing the PPW lesson.

Having youth complete additional weekly goal plans provides them with opportunities to develop self-regulation skills and self-efficacy at setting, monitoring, and achieving goals leading to improved mental and physical health.

We recommend you ask youth to share their weekly goal plans with you and others to increase motivation for behavior change.

Here is the link allowing youth to complete follow-up Online PPW Goal Plans: https://www.surveymonkey.com/r/TW37TLR

Youth Online PPW Program Goal Plan

This Goal Plan/Contract takes about 5-minutes to complete.

- * 1. What is today's date (month/day/year)?
- 2. First and Last Name (Optional)
- * 3. Are you...
- · Male
- · Female
- · Other
- * 4. How old are you?
- · 9 years old or younger
- · 10 years old
- · 11 years old
- · 12 years old
- · 13 years old
- · 14 years old
- · 15 years old
- · 16 years old
- · 17 years old
- · 18 years old
- · 19 years older or older

- * 5. Which of the following do you pledge to avoid using during the next 7 days in order to maintain an active and healthy lifestyle?
- Alcohol
- Tobacco
- · E-cigarettes
- Marijuana
- · Non-medical opioids
- · Other illegal drugs
- * 6. Which one of the following healthy habits will you focus on improving during the next 7 days?
- · Get 8 or more hours sleep each night
- · Eat a healthy breakfast every day or eat a daily variety of other healthy foods such as fresh fruits and vegetables
- · Participate in some fun physical activity or sports at least 30 minutes 4-5 days per week
- · Practice a stress control technique most days a week like yoga, meditation, prayer or walking in nature.
- * 7. From the healthy habit you identified, now write a specific, measurable and attainable healthy habit goal you will achieve over the next 7 days.

For example, playing tennis is measurable but getting more exercise is not, and eating more fruits and vegetables is measurable but eating healthier is not.

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SPORT PPW AC

Section 8: Optional Parent Flyers

SPORT Prevention Plus Wellness

Dear Parent or Guardian,

Welcome to **SPORT Prevention Plus Wellness (PPW)**! Your son or daughter has been selected to participate in this exciting program. The goal of this program is to assist parents/guardians in helping their adolescents continue to lead active, healthy and drug-free lifestyles.

Very soon you will receive a series of four *SPORT PPW* Flyers. Every Flyer will contain specific health and fitness messages. Please take a few minutes to read and talk to your son/daughter about the important facts in each of these Flyers. After talking with your son/daughter, give him/her the Flyer to read for them- selves.

Thank you for your participation in this important program!

SPORT PPW Flyer #1 High School Version

Dear Parent or Guardian:

Welcome to **SPORT Prevention Plus Wellness (PPW).** You'll be receiving up to four **SPORT PPW Flyers**.

What you say and do plays a key role in whether your son and daughter leads an active, healthy and substance use-free life. This week's **SPORT PPW Flyer** will help you talk with your adolescent about crucial **Health & Fitness Facts**. These facts are based on research that shows they can promote healthy choices among youth. Choices like avoiding alcohol, tobacco and illicit drug use and increasing their exercise, healthy eating and sleep.

Please take a few minutes to read each of these facts to your son and daughter today. Check off each item after you read and talk to your youth about it. Then, hand this flyer to your youth and ask them to read the **Health & Fitness Facts**. It can make all the difference to their health!

This week's **Health and Fitness Facts** are:

| ☐ Sports and physical activities are a good way to get regular exercise. But alcohol use and an active lifestyle don't mix. Alcohol use by youth can harm their fitness level and hurt their performance in sports and school activities. |
|--|
| ☐Getting 30 minutes of exercise each day promotes a healthy heart and lungs. But too much alcohol use can cause heart damage over time. Staying away from alcohol when young is the key to keeping a healthy heart when you are active and exercise. |
| □ Parents: To help your son and daughter stay active, and at the same time avoid alcohol harm, know where they are. Ask your adolescent to keep you informed as to where they are throughout the day and night. Also, encourage your son and daughter to spend time in sports and physical activities. |

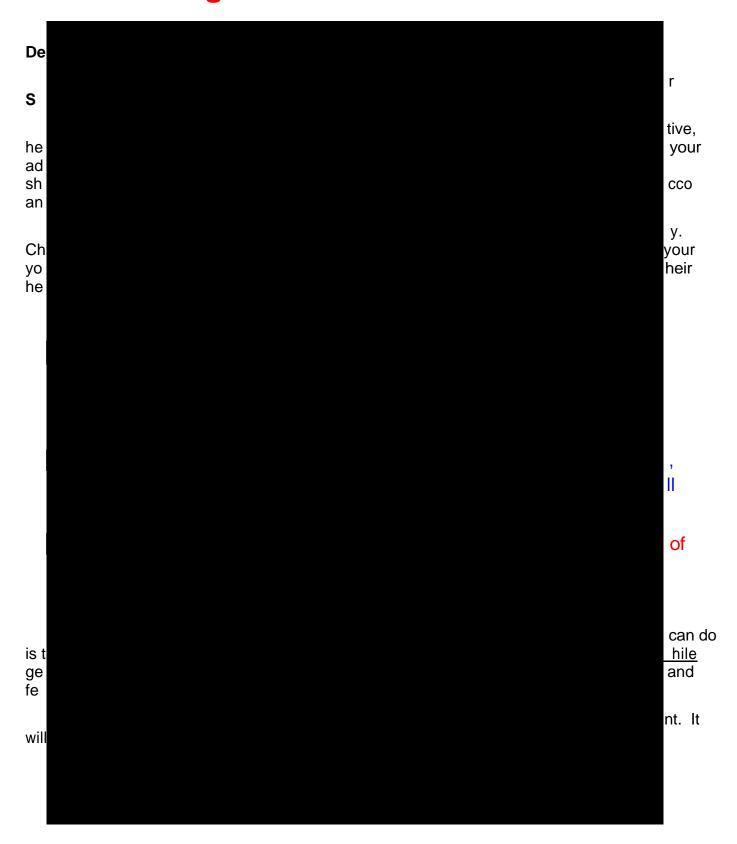
You can change your adolescent's health and fitness habits. One key thing parents can do is to regularly remind their son and daughter that avoiding alcohol, tobacco and drug use, while getting regular physical activity, eating healthy, and getting plenty of sleep leads to looking and feeling good, active, and healthy.

Thank you for reading and talking about this **SPORT PPW Flyer** with your adolescent. It will help motivate positive behavior and image changes in their life.

SPORT PPW Flyer #2 High School Version



SPORT PPW Flyer #3 High School Version



SPORT PPW Flyer #4 High School Version

