

**SPORT© Prevention Plus Wellness
Elementary School Version
Health & Fitness Screening Addenda**

Read Entire Screen to Youth: Answer each item as it is read to you. There are no right or wrong answers. Just check off the answer that is true for you. Your answers will be kept a secret.

	Yes (1)	Maybe Yes (2)	Maybe No (3)	No (4)
1. Next <u>month</u> , will you play sports or get physical activity on most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Next <u>month</u> , will you get at least 8 hours of sleep on most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Next <u>month</u> , will you eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you are an adult, will you drink or try any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you are an adult, will you smoke or puff on a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When you are an adult, will you try any drugs like marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Next <u>month</u> , will you talk to your parents about your health or health goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When you are an adult, will you try or puff on an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SPORT Prevention Plus Wellness Children's Feedback Sheet

Read Entire Sheet to Youth: We want to know what you think about the SPORT lesson. Answer each item as it is read to you. There are no right or wrong answers. Just bubble in the answer that is true for you. Thank you for your help!

	Yes (1)	Maybe Yes (2)	Maybe No (3)	No (4)
1. Next <u>month</u> , will you play sports or get physical activity on most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Next <u>month</u> , will you get at least 8 hours of sleep on most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Next <u>month</u> , will you eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When you are an adult, will you drink or try any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When you are an adult, will you smoke or puff on a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When you are an adult, will you try any drugs like marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Next <u>month</u> , will you talk to your parents about your health or health goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When you are an adult, will you try or puff on an e-cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
