



VAPING

Elementary School Children

E-cigarette Prevention
Promoting Healthy
Lifestyle Behaviors

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Vaping PPW

Section 1: Introduction

Welcome to **Vaping Prevention Plus Wellness (PPW)**! **Vaping PPW** is a quick and easy to use positive youth development program for prevention and health professionals and parents who want to prevent e-cigarette use and promote healthy lifestyle behaviors and positive identities of youth.

Vaping PPW is an adaptation of the evidence-based SPORT Prevention Plus Wellness program which is listed on the National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development and other evidence-based program registries. In addition, it **Vaping PPW** utilizes an evidence-based practices screening and brief intervention format recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Vaping PPW is the only single-session e-cigarette use prevention program designed to increase wellness-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.

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

Vaping PPW is highly flexible and can be used as a stand-alone 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, many organizations use it as a selective and indicated

prevention program for high-risk populations.

The **Vaping PPW** 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 e-cigarette use and healthy behaviors;
2. Providing feedback cueing positive future images and the benefits of engaging in healthy behaviors and how e-cigarette 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 e-cigarette use and increase protective wellness behaviors increasing self-control skills and self-efficacy.

Your **Vaping PPW** program comes with a manual and a digital download of all reproducible

materials needed to implement your program to countless participants.

The **Vaping PPW** 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 e-cigarette use behaviors;
- A set of colorful slides with illustrations of youth modeling wellness habits;
- A goal plan/contract for motivating multiple behavior change;
- Online or paper youth pretest and posttest surveys to evaluate immediate program effectiveness;
- An online or paper Instructor'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;
- Phone and email program support; and
- Separate online or onsite certified training workshops to learn how to provide the

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

Vaping PPW 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 **Vaping Prevention Plus Wellness**. We know you will find it an easy, enjoyable, and effective way to promote the mental and physical health of your youth.

Vaping PPW

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:

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 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.

Vaping PPW

Section 3:

Group Lesson Script

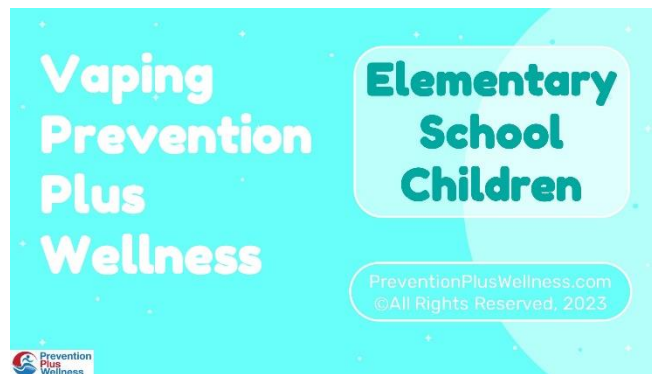
Vaping Prevention Plus Wellness© Program

Elementary School Children 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 an exciting new fitness and health program. Together we will look at how your actions can make you healthy and keep you healthy.

Screening Survey

(Distribute the screening survey for youth to complete).

Now, please take out your copy of the 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 class members to raise their hands and respond as you read each of the types of physical activities).



- O a. Baseball
- O b. Basketball
- O c. Riding a bicycle
- O d. Dance
- O e. Gymnastics

O f. Football

O g. Golfing

O h. Running or walking

O i. Rollerblading

O j. Skateboarding

O k. Soccer

O l. Surfing

O m. Swimming

O n. Tennis

O o. Track

O p. Volleyball

O q. Others _____

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

Sports & Physical Activities:

- Are fun
- Keep you fit & healthy
- Make you feel good about yourself
- Give you lots of energy
- Help you do better in school





Wonderful. Sports and physical activities are a great way to get regular exercise! Sports and physical activities are fun, help keep you healthy, help

you feel good about yourself. They also give you lots of energy, and can help you do better in school.

2. E-cigarette Use Harms Sports & Physical Activity (Show slide).



However, vaping e-cigarettes and an active lifestyle don't mix. Using e-cigarettes like JUUL can hurt your health and how well you do in sports and physical activities. E-cigarettes contain nicotine and other chemicals. These can harm brain and lungs and lead to learning problems. They can hurt your success in both school and sports. The vapor in e-cigarettes includes the harmful chemical diacetyl. This chemical is linked to lung disease. E-cigarette vapor also includes the chemical benzene which is found in car exhaust and heavy metals like nickel, tin and lead.

2. Regular Physical Activity

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



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

❖ **30 minutes of Sports and Physical Activities:**

- Promote a healthy heart and lungs
- Help control weight
- Reduces stress



Sports and other types of physical activities promote a healthy heart and lungs. They also control weight and stress if you do them for 30 minutes on most days.

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

Discussion Question:
What types of sports or other physical activities would you like to try or do more of?



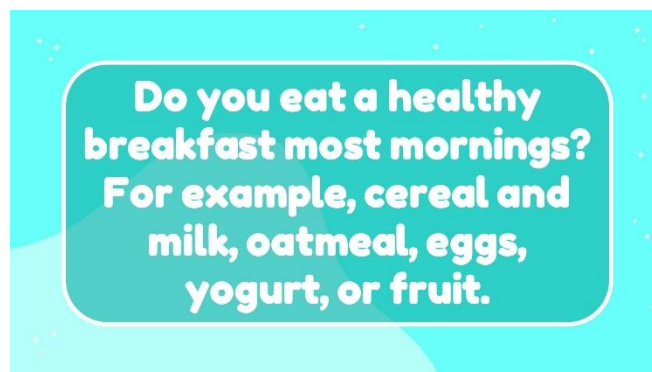
2. E-cigarette Use Harms Regular Physical Activity (Show slide).



However, e-cigarette use can cause brain and lung damage. It can also raise blood pressure and heart rate, and result in physical dependence. Nicotine in e-cigarettes can reduce blood flow by causing blood vessels to get smaller. This may harm physical skills. It may also lead to brain changes that increase using other drugs. Avoiding vaping and regular cigarette smoking is key to keeping a fit and healthy mind and body.

3. Breakfast and Nutrition

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



1. Benefits of Healthy Eating (Show slide).

Eat a Healthy Breakfast & Healthy Foods:

- It can have a big effect on how you feel
- It can also help you have more energy in school and sports



Discussion Question:
What types of healthy foods do you like to eat or would you like to eat more of?



2. E-cigarette Use Harms Healthy Eating (Show slide).



- E-cigarettes use candy and fruit flavors appealing to youth
- Vaping can reduce the body's use of vitamins and minerals
- Withdrawal symptoms can make it hard to eat healthy and be active



4. Sleep 8 or More Hours

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



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

✧ **Getting 8 or more hours of sleep each night, can give you more energy and help you think clearly**



Discussion Question:
**What's one thing you do
that helps you or could
help you get enough
sleep most nights?**



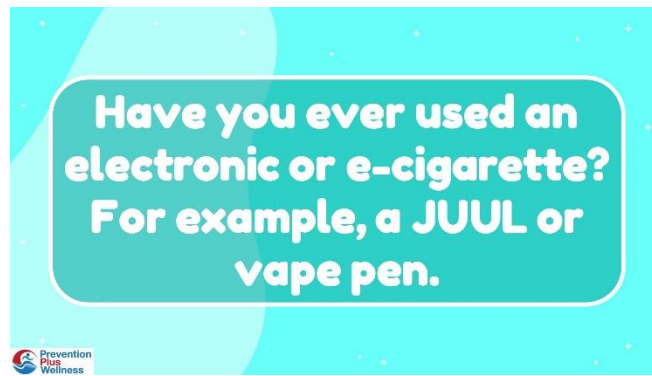
2. E-cigarette Use Harms Getting Enough Sleep (Show slide).



- Nicotine in e-cigarettes makes it harder to get and stay asleep
- Nicotine levels in e-liquids can be greater than two packs of cigarettes
- Vaping can cause snoring due to airway resistance, dryness and irritation

5. **E-cigarette Use**

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



1. E-cigarette Use Can Harm Your Fitness & Health (Show slide).

❖ One of the most important things you can do to be healthy and maintain an active life is to **AVOID** vaping e-cigarettes



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2. E-cigarette Use Can Cause Life Problems (Show slides).

Discussion Question:
What types of problems could kids have with vaping e-cigarettes?



By not vaping e-cigarettes, you will not:

- Harm your brain & lungs, ability to learn, or physical fitness
- Get into trouble with parents, police, or at school
- Become addicted
- Be more likely to start using other drugs



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3. Most Youth Do Not Use E-cigarettes (Show slide).

- Studies show most kids DO NOT use e-cigarettes
- You can increase your skill to say "NO" to e-cigarette offers by practicing, just like any sport or skill



Prevention
Plus
Wellness

4. Healthy Alternatives to Vaping (Show slides).

Discussion Question:
What things can kids do to help them stay away from vaping e-cigarettes?



Healthy Alternatives to Vaping:

- Exercising
- Listening to music
- Playing sports
- Hanging out with friends who support you living an active lifestyle



5. Recommendations for Increasing Wellness (Show slides).

- ❖ To keep a healthy brain and body, have more energy, look and feel good, and do better in school and sports...**stay away from using all e-cigarettes.**



To Be Active, Healthy, Look & Feel Good...

1. Get 8 or more hours of sleep each night;
2. Eat a healthy breakfast every day and eat a daily variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
3. Do some fun physical activity for at least 30 minutes a day, four or five times a week;
4. Practice a stress control tool 5 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. Most importantly, avoid all e-cigarettes, alcohol, tobacco, prescription drug misuse, marijuana and illegal drug use.



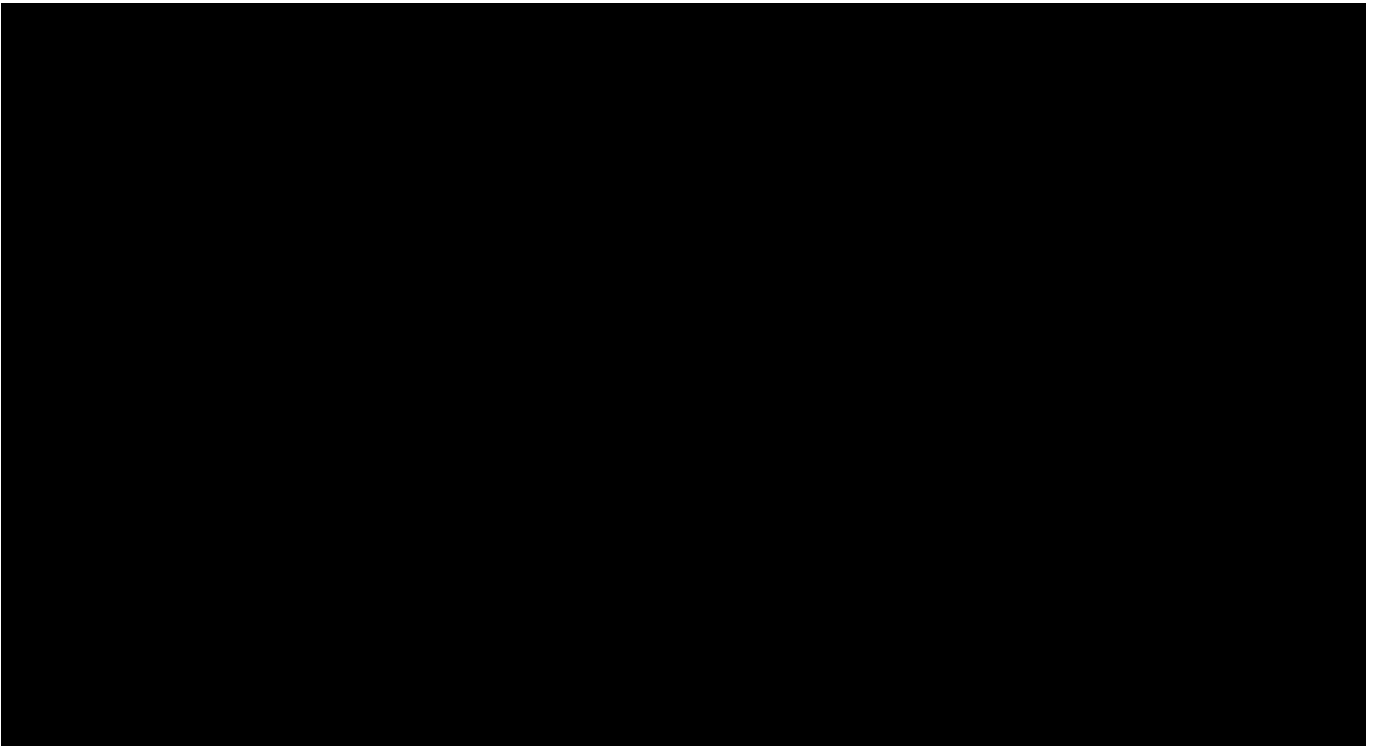
Wellness Goal Plan & Contract

(Distribute and have youth complete the goal plan/contract form). (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).



Vaping PPW

Section 4: Screening Survey & Goal Plan/Contract

**Vaping Prevention Plus Wellness
Elementary School Children Version
Health & Fitness Screening Survey**

Read Entire Screen to Youth: We wish to know about your health habits. Answer each item as it is read to you. There are no right or wrong answers. Carefully bubble in each item. Your answers will be kept a secret.

1. Do you play sports or physical activities in the last year? For example, riding a bike, running, playing on a playground, swimming, playing basketball or baseball, dancing, or playing soccer.

a. ☐ Yes
b. ☐ No

2. Do you play sports or get physical activity for 30 minutes on most days? For example, riding a bike, running, playing on a playground, or swimming for 30 minutes on most days.

a. ☐ Yes
b. ☐ No

3. Do you eat a healthy breakfast most mornings? For example, cereal and milk, oatmeal, eggs, yogurt, or fruit.

a. ☐ Yes
b. ☐ No

4. Do you sleep eight (8) or more hours most nights?

a. ☐ Yes
b. ☐ No

5. Have you ever used an electronic or e-cigarette? For example, a JUUL or vape pen.

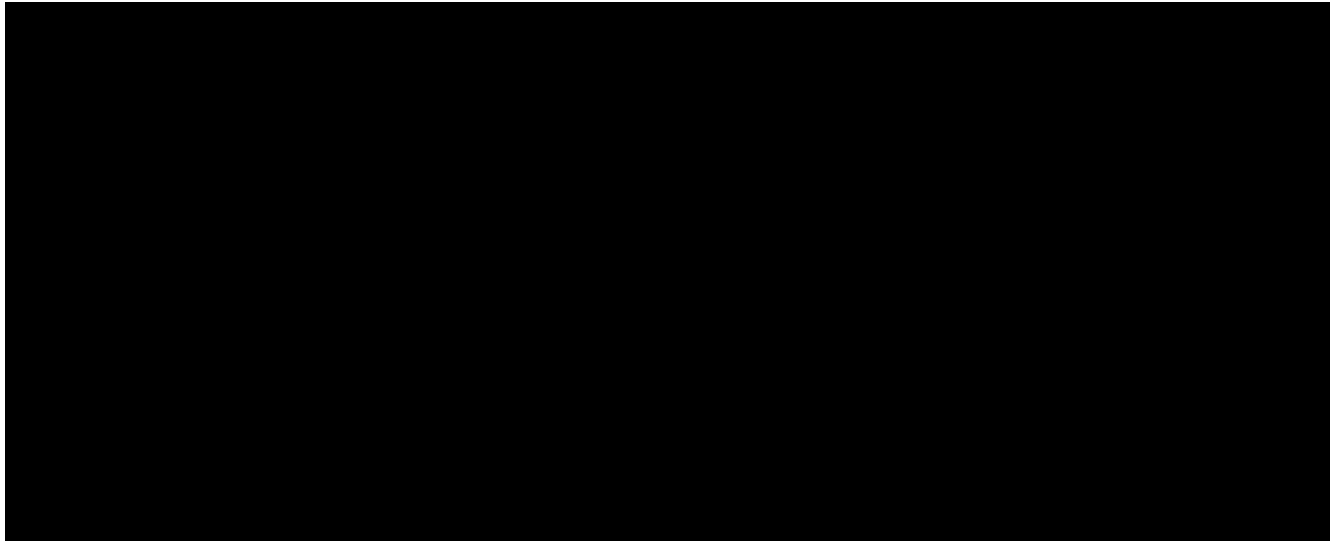
a. ☐ Yes
b. ☐ No

Vaping Prevention Plus Wellness Elementary School Children Version Wellness Goal Plan

READ ENTIRE GOAL PLAN TO YOUTH.

To be active, healthy, and look and feel good, make sure you:

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, limiting junk food, and eat lots of healthy foods, such as fruits and vegetables,;
3. Do some fun physical activity, such as riding a bike, running, swimming, walking, or playing a sport for at least 30 minutes on most days;
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. Most importantly, stay away from e-cigarettes, plus alcohol and drug use.



_____.

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

3. How often (e.g., 4 times a week, Monday-Thursday):

(Youth's signature) (Date)

(Parent/Guardian/Adult/Friend's signature) *(Date)*

(Instructor's signature) (Date)

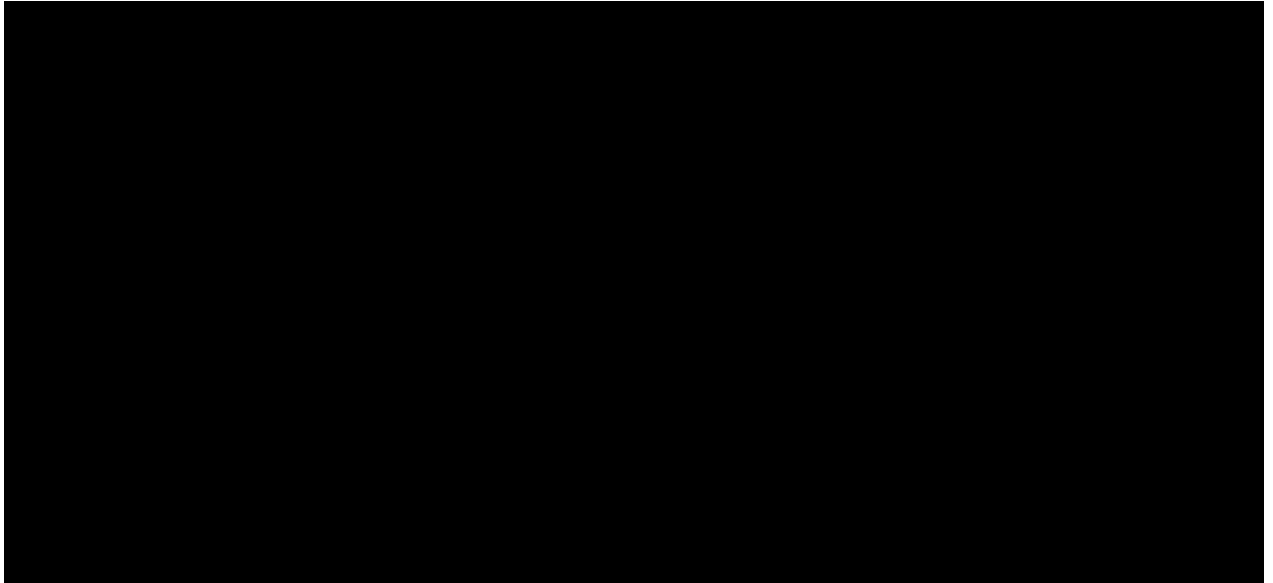
Congratulations! You have successfully completed this *SPORT* PPW lesson.

1. Take this contract home and have your parent or other trusted adult or friend sign it.
2. Then, 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.

3.

4.

5.



Vaping PPW

Section 5: Evaluation Materials

Prevention Plus Wellness Program Children's Pretest

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

(1)Yes (2)Maybe Yes (3)Maybe No (4)No

- | | |
|---|---------------------------|
| 1. Next <u>month</u> , will you play sports or get physical activity on most days? | (1)O (2)O (3)O (4)O |
| 2. Next <u>month</u> , will you get at least 8 hours of sleep on most nights? | (1)O (2)O (3)O (4)O |
| 3. Next <u>month</u> , will you eat fruits and vegetables each day? | (1)O (2)O (3)O (4)O |
| 4. Next <u>month</u> , will you eat a healthy breakfast each day? | (1)O (2)O (3)O (4)O |
| 5. When you are an adult, will you drink or try any alcohol? | (1)O (2)O (3)O (4)O |
| 6. When you are an adult, will you smoke or puff on a cigarette? | (1)O (2)O (3)O (4)O |
| 7. When you are an adult, will you try any drugs like marijuana? | (1)O (2)O (3)O (4)O |
| 8. Next <u>month</u> , will you talk to your parents about your health or health goals? | (1)O (2)O (3)O (4)O |
| 9. Next <u>month</u> , will you set goals to improve your health habits? | (1)O (2)O (3)O (4)O |
| 10. When you are an adult, will you try or puff on an e-cigarette? | (1)O (2)O (3)O (4)O |

Prevention Plus Wellness Program Children's Posttest

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

(1)Yes (2)Maybe Yes (3)Maybe No (4)No

- | | | | | |
|---|------|------|------|------|
| 1. Next <u>month</u> , will you play sports or get physical activity on most days? | (1)O | (2)O | (3)O | (4)O |
| 2. Next <u>month</u> , will you get at least 8 hours of sleep on most nights? | (1)O | (2)O | (3)O | (4)O |
| 3. Next <u>month</u> , will you eat fruits and vegetables each day? | (1)O | (2)O | (3)O | (4)O |
| 4. Next <u>month</u> , will you eat a healthy breakfast each day? | (1)O | (2)O | (3)O | (4)O |
| 5. When you are an adult, will you drink or try any alcohol? | (1)O | (2)O | (3)O | (4)O |
| 6. When you are an adult, will you smoke or puff on a cigarette? | (1)O | (2)O | (3)O | (4)O |
| 7. When you are an adult, will you try any drugs like marijuana? | (1)O | (2)O | (3)O | (4)O |
| 8. Next <u>month</u> , will you talk to your parents about your health or health goals? | (1)O | (2)O | (3)O | (4)O |
| 9. Next <u>month</u> , will you set goals to improve your health habits? | (1)O | (2)O | (3)O | (4)O |
| 10. When you are an adult, will you try or puff on an e-cigarette? | (1)O | (2)O | (3)O | (4)O |

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?

Vaping PPW

Section 6: Youth Online PPW 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.

* 8. Now, write an exact amount (quantity) of that one habit you just listed above which you will do each time you do it.

For example, 30 minutes each time you play tennis, or 1 more serving of fruits and vegetables each day.

* 9. Last, list an exact frequency of that same habit you will do during the next week.

For example, 4 days a week, Monday-Thursday, or each day of the week.

* 10. In addition to yourself, who else will sign this goal plan to make it an official contract between you and them?

- Teacher
- Mom or dad
- Grandmother or grandfather
- Aunt or uncle
- Older brother or sister
- Trusted and supportive friend
- Other (please specify)

* 11. Where will you post your goal plan/contract so you can see it every day and be reminded to monitor your health habits? Choose one.

- Bedroom wall or mirror
- Bathroom mirror
- Refrigerator door
- TV or computer

- Other (please specify)

* 12. Congratulations! You have successfully completed a Prevention Plus Wellness program goal plan.

- Print out a copy of your goal plan so you can sign and date it and have the person you identified co-sign it.
- Don't forget to post your goal plan where you can see it every day and check-off each day you reach a goal.
- At the end of your 7-day goal plan return to this site and write another goal plan to continue to make small changes to feel and look better.
- Reward yourself with small things you enjoy like magazines, music, books, watching a movie, playing an instrument, or doing art, for achieving one of your wellness goals, or avoiding alcohol, tobacco, e-cigarettes or illegal drug use.
- Now rate the goal plan on the 5-star scale below.

* 13. After you print out this goal plan, circle a response on the calendar below each day during the next 7 days to track your goal success.

Then, total the number of days you reached a wellness goal. Do NOT Answer This Now.

Day 1 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 2 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 3 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 4 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 5 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 6 Goal Success: 1: Yes 2: No 3: No goal set for today

Day 7 Goal Success: 1: Yes 2: No 3: No goal set for today

Week's Total Success Days (Number of "Yeses" Above) =

* 14. Now, print out your goal plan and post it so you'll see it every day for the next 7 days.