

(Project Name / Activity Name)
Pre-activity Evaluation Questionnaire

Participant no.: _____

Please read each item carefully and decide on the most appropriate option. **This questionnaire is used for project evaluation only. All information will be kept confidential.** Drug taking refers to the use of prohibited or legal psychotropic drugs e.g. ketamine, marijuana, "ice", ecstasy, cough medicine, thinner etc. without doctor's prescription.

(1) (2) (3) (4) (5)
strongly disagree really agree strongly
disagree can't say agree

1. I think quitting drugs is very easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drug use will greatly endanger one's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to experience the feeling after using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My study or work will be affected if I take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Taking drugs will bring me more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Popping pills can be addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Using drugs occasionally will not adversely affect the body and mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the face of friends' encouragement, I find it hard to resist the temptation of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Just like smoking, drug use is a hobby nowadays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Drugs help people put aside their worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If I use drugs, my relationship with the family will be affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If I take drugs, I do not mind letting my friends know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I use drugs, I can control the frequency and quantity of drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- 1 *Please list other activities in the programme* 2 *Please list other activities in the programme*
 3 *Please list other activities in the programme* 4 *Please list other activities in the programme*
 5 *Please list other activities in the programme* 6 *Please list other activities in the programme*

~ Thank you ~

(Project Name / Activity Name)
Post-activity Evaluation Questionnaire

Participant no.: _____

Please read each item carefully and decide on the most appropriate option. **This questionnaire is used for project evaluation only. All information will be kept confidential.** Drug taking refers to the use of prohibited or legal psychotropic drugs e.g. ketamine, marijuana, "ice", ecstasy, cough medicine, thinner etc. without doctor's prescription.

(1) (2) (3) (4) (5)
strongly disagree **really** **agree** **strongly**
disagree **can't say** **agree**

1. I think quitting drugs is very easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drug use will greatly endanger one's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to experience the feeling after using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My study or work will be affected if I take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Taking drugs will bring me more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Popping pills can be addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Using drugs occasionally will not adversely affect the body and mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the face of friends' encouragement, I find it hard to resist the temptation of drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Just like smoking, drug use is a hobby nowadays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Drugs help people put aside their worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If I use drugs, my relationship with the family will be affected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If I take drugs, I do not mind letting my friends know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I use drugs, I can control the frequency and quantity of drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- 1 *Please list other activities in the programme* 2 *Please list other activities in the programme*
 3 *Please list other activities in the programme* 4 *Please list other activities in the programme*
 5 *Please list other activities in the programme* 6 *Please list other activities in the programme*

~ Thank you ~