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

Participant no.: _____

The following questions concern information about your personal involvement with drugs (not including alcoholic drinks and cigarette) during the past 30 days.
Carefully read each item and decide the most accurate answer to each item. All your answers will be kept confidential.

*(*Delete as appropriate)*

1. In the past 30 days, how many times have you used the following substances:	**In the past 30 days**		
	Never used	**Used occasionally**	**Used regularly**
A. Cannabis / Marijuana / Grass	☐	Tried___times	Used___times daily / weekly*
B. Heroin / White Powder	☐	Tried___times	Used___times daily / weekly*
C. Ecstasy / E / XTC	☐	Tried___times	Used___times daily / weekly*
D. Ketamine / K / K Zai	☐	Tried___times	Used___times daily / weekly*
E. Ice	☐	Tried___times	Used___times daily / weekly*
F. MX / Methaqualone	☐	Tried___times	Used___times daily / weekly*
G. Ng Chai / Give-me-five	☐	Tried___times	Used___times daily / weekly*
H. Blue Gremlin	☐	Tried___times	Used___times daily / weekly*
I. Zopiclone / Triazolam	☐	Tried___times	Used___times daily / weekly*
J. Cocaine / Crack / Coke	☐	Tried___times	Used___times daily / weekly*
K. Cough Medicine / Codeine	☐	Tried___times	Used___times daily / weekly*
L. Organic Solvents (Thinner)	☐	Tried___times	Used___times daily / weekly*
M. Other Drugs (not include drinking alcoholic beverage or smoking cigarette) please specify: _____	☐	Tried___times	Used___times daily / weekly*

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 ~

Beat Drugs Fund Evaluation Question Set No. 5 (Frequency of drug use in the past 30 days) (2010 Second Round)
Adopted from Evaluation Questionnaire of Project Astro Mind
Permission to use was granted by Prof. Daniel Shek of Hong Kong Polytechnic University

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

Participant no.: _____

The following questions concern information about your personal involvement with drugs (not including alcoholic drinks and cigarette) during the past 30 days.
Carefully read each item and decide the most accurate answer to each item. All your answers will be kept confidential.

*(*Delete as appropriate)*

1. In the past 30 days, how many times have you used the following substances:	**In the past 30 days**		
	Never used	**Used occasionally**	**Used regularly**
A. Cannabis / Marijuana / Grass	☐	Tried___times	Used___times daily / weekly*
B. Heroin / White Powder	☐	Tried___times	Used___times daily / weekly*
C. Ecstasy / E / XTC	☐	Tried___times	Used___times daily / weekly*
D. Ketamine / K / K Zai	☐	Tried___times	Used___times daily / weekly*
E. Ice	☐	Tried___times	Used___times daily / weekly*
F. MX / Methaqualone	☐	Tried___times	Used___times daily / weekly*
G. Ng Chai / Give-me-five	☐	Tried___times	Used___times daily / weekly*
H. Blue Gremlin	☐	Tried___times	Used___times daily / weekly*
I. Zopiclone / Triazolam	☐	Tried___times	Used___times daily / weekly*
J. Cocaine / Crack / Coke	☐	Tried___times	Used___times daily / weekly*
K. Cough Medicine / Codeine	☐	Tried___times	Used___times daily / weekly*
L. Organic Solvents (Thinner)	☐	Tried___times	Used___times daily / weekly*
M. Other Drugs (not include drinking alcoholic beverage or smoking cigarette) please specify: _____	☐	Tried___times	Used___times daily / weekly*

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 ~

Beat Drugs Fund Evaluation Question Set No. 5 (Frequency of drug use in the past 30 days) (2010 Second Round)
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