(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 6 months.
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 6 months, how many times have you used the following substances:	**In the past 6 months**		
	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. 7 (Frequency of drug use in the past 6 months) (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 6 months.
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 6 months, how many times have you used the following substances:	**In the past 6 months**		
	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 ~

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