

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

Participant no.: _____

The purpose of this questionnaire is to help us understand the views of young people about drugs. **All information will be kept confidential** and will not be disclosed to your teacher or school.

Please read each item carefully and decide on the most appropriate option. **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) strongly disagree	(2) disagree	(3) really can't say	(4) agree	(5) strongly agree
1. Taking drugs will cause serious damage to health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drugs will ruin one’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Popping pills can be addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking drugs will affect memory and judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Even if people try drugs once only, they may become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My daily life and study will be affected if I take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Everyone who tries drugs eventually regrets it	<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.: _____

The purpose of this questionnaire is to help us understand the views of young people about drugs. **All information will be kept confidential** and will not be disclosed to your teacher or school.

Please read each item carefully and decide on the most appropriate option. **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) strongly disagree	(2) disagree	(3) really can't say	(4) agree	(5) strongly agree
1. Taking drugs will cause serious damage to health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drugs will ruin one’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Popping pills can be addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking drugs will affect memory and judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Even if people try drugs once only, they may become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My daily life and study will be affected if I take drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Everyone who tries drugs eventually regrets it	<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 ~