

**Bucks County Intermediate Unit
Post-Test**

Name: _____ **Date:** _____

School Name: _____

Test Type:

- Post-Test

Gender Identity:

- Female Male Other

Age: _____

Grade:

- Kindergarten First Second
 Third Fourth Fifth
 Sixth Seventh Eighth
 Ninth Tenth Eleventh
 Twelfth

Would you describe yourself as:

- Asian American Indian/Alaskan Native Black or African American
 Caucasian/White Native Hawaiian/Other Pacific Islander More Than One Race
 Unknown

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

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1. Why do people develop substance abuse disorder (become addicted)?

- Because they don't know any better
- Because of low willpower
- Because it's a brain disease
- I don't know

2. What is the chemical in the brain that gets released when we experience pleasure, and this chemical can be responsible for addiction?

- Serotonin
- Dopamine
- Adrenaline
- I don't know

3. What is the number one cause of death in adolescents?

- Accidents
- Heart disease
- Cancer
- I don't know

4. At what age does the frontal lobe of the brain fully develop?

- 10-15
- 15-20
- 20-25
- I don't know

	YES!	Yes	No	NO!
1. It is wrong for someone my age to drink alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It is wrong for someone my age to use drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I think most of my friends will probably try alcohol or drugs before they are 21.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My friends would think I was cool if I drank alcohol or used drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Drinking alcohol or using drugs regularly is dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Presentation Feedback:

	1 (Not at all)	2	3	4	5 (Very much)
1. How effective do you feel the presentation was?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

2. What did you like best about the program/workshop?

3. What could be improved about the workshop/program?

	1 (Not at all)	2	3	4	5 (Very much)
4. Did the presenter seem knowledgeable in the topic of his presentation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

	1 (Not at all)	2	3	4	5 (Very much)
5. Did the presenter address the participants' questions and concerns appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Yes

No

Uncertain

6. Do you believe the information that was presented today will help you or your peers make positive decisions regarding alcohol/ tobacco/drug use?

Comments
