

# YWCA Vaping Prevention Plus Wellness Health and Fitness Survey

**Test Type:**

- Pre-Test                       Post-Test                       Evaluation

**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. What sports or physical activities did you play in the last year? (Check all that apply)**

- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="radio"/> Baseball or softball | <input type="radio"/> Basketball     | <input type="radio"/> Riding a bicycle | <input type="radio"/> Dance/cheerleading/gymnastics                               |
| <input type="radio"/> Football             | <input type="radio"/> Golfing        | <input type="radio"/> Horseback riding | <input type="radio"/> Running or walking  |
| <input type="radio"/> Rollerblading        | <input type="radio"/> Skateboarding  | <input type="radio"/> Soccer           | <input type="radio"/> Surfing   |
| <input type="radio"/> Swimming             | <input type="radio"/> Tennis         | <input type="radio"/> Track            | <input type="radio"/> Volleyball  |
| <input type="radio"/> Wrestling            | <input type="radio"/> Weight lifting | <input type="radio"/> Other            | <input type="radio"/> I did not play any sports or physical activities last year. |

Other (list): \_\_\_\_\_

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- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 2. Do you participate in any physical activity for at least 30 minutes four or five times a week? For example, riding a bike, running, walking, swimming, or playing a sport for 30 minutes or more on most days. | <input type="radio"/> | <input type="radio"/> |
| 3. Do your friends influence you to participate in regular physical activity?   | <input type="radio"/> | <input type="radio"/> |
| 4. Do you usually eat a healthy breakfast each morning? For example, cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit.  | <input type="radio"/> | <input type="radio"/> |
| 5. Do you usually sleep eight or more hours each night?   | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever used an electronic or e-cigarette? For example, a JUUL, e-cig, e-hookah, hookah pen, vape, vape pen or mod.  | <input type="radio"/> | <input type="radio"/> |

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7. In the next year, how likely are you to...

	Not At All	A Little	Some	Very
Get physical activity most days a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get 8 or more hours a sleep most nights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a variety of healthy foods each day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take action to reduce stress most days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. How many people your age...

	None	Some	Most	All
Drink any alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke any cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**9. If your friends asked you to use these, how sure are you that you could stay away from...**

	Very Sure	Somewhat Sure	A Little Sure	Not Sure
Using alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Wellness Goal Plan**

Recommendations for increasing your wellness include:

- 1) Get 8 or more hours of sleep each night;
- 2) Eat a healthy breakfast every day, such as nutritious cereal and low-fat milk, whole wheat toast, oatmeal, eggs, yogurt or fruit, and eat a daily variety of other healthy foods, such as fruits and vegetables, while limiting junk food;
- 3) Participate in some fun physical activity, such as riding a bike, running, swimming, or walking, at least 30 minutes a day four or five times a week; and
- 4) Most importantly, avoid all e-cigarettes, tobacco, alcohol, marijuana and other illegal drug use.

Keep in mind, being fit does not mean being perfect. Your main goal should be to have a healthy body image and not engage in unhealthy behaviors.

To help you achieve the above goals, make the following commitment:

**I will avoid e-cigarettes, tobacco, alcohol and drug use each day during the next 7 days in order to maintain an active, healthy lifestyle.**

In addition, the one other health habit that I select to improve during these 7 days from the list above is:

1. List a specific health habit (e.g., play tennis NOT get more exercise):

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2. Amount (e.g. 30 minutes each time): \_\_\_\_\_

3. How often (e.g. 4 times a week, Monday – Thursday): \_\_\_\_\_

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(Youth's signature)

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(Date)

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(Instructor's signature)

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(Date)

Also, to help you be successful in achieving the goals above, check off at least one of the following Wellness Tips that you will use during the next 7 days:

### Wellness Tips

- Revisit your goal plan at the end of the first week and make changes if needed to help you be even more successful in reaching your future goals.
- Reward yourself with small things you enjoy like magazines, music, books, watching a movie, playing an instrument, or doing art, for achieving one of your wellness goals, or avoiding e-cigarettes, tobacco, alcohol or drug use.
- Use relaxation techniques like spending time in nature, slow-deep breathing, meditating, taking a relaxing bath or shower, or placing yourself in a quiet space, to deal with stress or nerves.

Congratulations! You have successfully completed this Prevention Plus Wellness lesson. Take this contract home and put it where it can be seen each day, week and month (i.e., on your mirror, wall or desk). Also, after one week, review your goal plan and make changes if needed to be even more successful in reaching your goals. We may also give you and your parents some flyers to help you reach your wellness goals.

You've taken the first and most important step toward improving your wellness. Improving yourself is a life-long process. It takes committing to small changes. You must be willing to keep working toward improving yourself. Focus on and celebrate the small gains you make each day, week and month. You can do it! Keep trying. Never quit!