

YWCA Vaping Prevention Plus Wellness Program Feedback 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. 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 of 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"/>

2. 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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3. If you used any of these regularly, would they harm your health or healthy habits?

	Yes	Maybe Yes	Maybe No	No
Alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. 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"/>

5. What did you like BEST about this lesson?

5. What did you like LEAST about this lesson?
