

(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. I am curious about drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drugs help people put aside their worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking drugs will bring more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. One will be more confident to make friends after using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I will try to use drugs if being persuaded by a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If I take drugs, it would be just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Occasional use of drug will cause no great harm to body and mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People only live once and should enjoy life to the fullest by experiencing different things. After all, trying drugs is not a big deal	<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. I am curious about drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drugs help people put aside their worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking drugs will bring more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. One will be more confident to make friends after using drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I will try to use drugs if being persuaded by a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If I take drugs, it would be just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Occasional use of drug will cause no great harm to body and mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People only live once and should enjoy life to the fullest by experiencing different things. After all, trying drugs is not a big deal	<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 ~