

# PROGRAM EVALUATION FORM

# Prevention & Intervention Programs

The questions below are part of an evaluation of the Washington State Prevention and Intervention Services Program. This is not a test, so there are no right or wrong answers. You do not have to answer any of these questions, but we ask that you answer all the questions honestly and thoughtfully to help us improve this program.

Your answers will be kept strictly confidential. Your answers will be combined with the answers given by other students participating in your school district. Only summary data will be shared with school staff to improve this program.

Mark only one answer for each question. Please use a No. 2 pencil and make no stray marks on this sheet.

<b>Mark how often you felt this way in the past 30 days:</b>	<b>None of the time</b>	<b>A little of the time</b>	<b>Some of the time</b>	<b>A lot of the time</b>	<b>Most of the time</b>	<b>All of the time</b>
a. I think I am doing pretty well.	(A)	(B)	(C)	(D)	(E)	(F)
b. I can think of many ways to get the things in life that are most important to me.	(A)	(B)	(C)	(D)	(E)	(F)
c. I am doing just as well as other kids my age.	(A)	(B)	(C)	(D)	(E)	(F)
d. When I have a problem, I can come up with lots ways to solve it.	(A)	(B)	(C)	(D)	(E)	(F)
e. I think the things I have done in the past will help me in the future.	(A)	(B)	(C)	(D)	(E)	(F)
f. Even when others want to quit, I know that I can find ways to solve the problem	(A)	(B)	(C)	(D)	(E)	(F)

<b>How much do you think youth risk harming themselves if they:</b>	<b>No risk</b>	<b>Slight risk</b>	<b>Moderate risk</b>	<b>Great risk</b>	<b>Not sure</b>
a. Smoke one or more packs of cigarettes per day?	(A)	(B)	(C)	(D)	(E)
b. Use vape devices daily or nearly every day?	(A)	(B)	(C)	(D)	(E)
c. Try marijuana once or twice?	(A)	(B)	(C)	(D)	(E)
d. Have one or two alcoholic beverages (glass or wine, beer or mixed drink, shot of liquor) nearly every day?	(A)	(B)	(C)	(D)	(E)
e. Have five or more alcoholic beverages (glass or wine, beer or mixed drink, shot of liquor) at one time?	(A)	(B)	(C)	(D)	(E)

<b>On how many occasions during the past 30 days (if any) have you:</b>	<b>Number of Occasions</b>						
	<b>None</b>	<b>1-2</b>	<b>3-5</b>	<b>6-9</b>	<b>10-19</b>	<b>20-39</b>	<b>40 or more</b>
a. Had alcoholic beverages (including beer, wine, wine coolers, and liquor) to drink (more than a few sips)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
b. Had five or more drinks in a row? (A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)	(A)	(B)	(C)	(D)	(E)	(F)	(G)
c. Used marijuana (weed, pot, dabs, edibles)	(A)	(B)	(C)	(D)	(E)	(F)	(G)
d. Used tobacco products (cigarettes or chew)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
e. Used an electronic cigarette, also called e-cigs, vape pens, or JUUL (to vape liquid with nicotine, with THC, or with just flavor only)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)



800 0003



School \_\_\_\_\_

PERF

Code Number \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_ 800 0003

Complete this stub to identify the student to whom you will administer this sheet. Mark the Purpose and Month Administered in the box on the back of form. Remove this perforated stub before administering to the student. Enter this Sheet # into the web database as the pretest or posttest for this student.

<b>On how many occasions during the past 30 days (if any) have you:</b>	<b>Number of Occasions</b>						
	<b>None</b>	<b>1-2</b>	<b>3-5</b>	<b>6-9</b>	<b>10-19</b>	<b>20-39</b>	<b>40 or more</b>
a. Used hallucinogens (acid, LSD; angel dust, PCP; mushrooms; ecstasy, MDMA)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
b. Used inhalants (things you breathe in to get high, poppers, snappers, rush, huff, sniff)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
c. Used cocaine or crack cocaine (coke, rock, snow)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
d. Used amphetamines (speed, crank, crystal meth, ice, uppers)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
e. Used other illegal drugs (heroin, opium, downers)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
f. Used prescription drugs not prescribed to you (hydrocodone, oxycodone, methadone)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)
g. Used synthetic or designer drugs (spice, K2, bath salts)?	(A)	(B)	(C)	(D)	(E)	(F)	(G)

<b>How many times in the past 3 months have you:</b>	<b>None</b>	<b>1-2 Times</b>	<b>3-5 Times</b>	<b>6-9 Times</b>	<b>10+ Times</b>
	a. Been in trouble at school?	(A)	(B)	(C)	(D)
b. Been suspended from school?	(A)	(B)	(C)	(D)	(E)
c. Skipped school?	(A)	(B)	(C)	(D)	(E)
d. Been arrested?	(A)	(B)	(C)	(D)	(E)
e. Been in a physical fight?	(A)	(B)	(C)	(D)	(E)
f. Hit or tried to hurt someone?	(A)	(B)	(C)	(D)	(E)

<b>How old were you the first time you had more than a sip or two of beer, wine, or hard liquor (for example: vodka, whisky, or gin)?</b>	
(A) Never have	(F) 14
(B) 10 or younger	(G) 15
(C) 11	(H) 16
(D) 12	(I) 17 or older
(E) 13	

**Complete the next questions ONLY if you have met with the person who gave you this sheet more than once or twice.**

**Overall, how important has this program been to you?**

- (A) Very important      (B) Somewhat important      (C) Not very important      (D) Not at all important

**Are you glad that you participated in the program?**

- (A) YES!      (B) yes      (C) no      (D) NO!

**Are you more likely to attend school because of this program?**

- (A) Yes      (B) No      (C) Does not apply to me; I attend school regularly

**Thank you!**

This box is completed by staff.	<b>Purpose:</b>	<b>Month administered:</b>					
	(A) Pretest	(G) JUL	(H) AUG	(I) SEP	(J) OCT	(K) NOV	(L) DEC
	(B) Posttest	(A) JAN	(B) FEB	(C) MAR	(D) APR	(E) MAY	(F) JUN

