Health Rocks!

Your participation in this survey is voluntary. It will take about 15-20 minutes. Part I asks about your experience with Health Rocks!. Part II will ask you about how you feel about the training. Part III will ask you to share anything else you would like to tell us about your Health Rocks! experience. Part IV will ask for some information about you (e.g., age, gender, etc.). Because we do not ask for your name, no one will know what your answers are.

- I. The following survey is on a 4-point scale. Read each statement and circle the number that best represents your knowledge or experience:
 - 1) After the training at the present time after having completed Health Rocks! training.
 - 2) Before the training before your participation in Health Rocks! training.

strongly disagree	disagree	agree	strongly agree
1	2	3	4

I know that		After the training			Before the training				
1.	Once you start smoking, it is hard to stop.	1	2	3	4	1	2	3	4
2.	Using drugs can ruin my relationship with my family and friends.	1	2	3	4	1	2	3	4
3. People who use drugs sometimes see or hear things that are not really there.		1	2	3	4	1	2	3	4
4.	People who smoke can die from lung cancer.	1	2	3	4	1	2	3	4
5.	If a friend wanted to try drugs, I can talk them out of it.	1	2	3	4	1	2	3	4
6.	When I feel stressed I am able to talk about it with people I trust.	1	2	3	4	1	2	3	4
7.	I am able to say "no" if others offered me cigarettes.	1	2	3	4	1	2	3	4
8.	I don't have to drink or smoke even if some other young people do it.	1	2	3	4	1	2	3	4
9.	It is important for me to stay focused on learning at school.	1	2	3	4	1	2	3	4
10.	I need to think about how my choices will affect my future.	1	2	3	4	1	2	3	4
11.	I have goals for myself.	1	2	3	4	1	2	_ 3	4
12.	I feel good about myself.	1	2	3	4	1	2	3	4
13.	I would help other kids like me to stay away from alcohol or other drugs.	1	2	3	4	1	2	3	4

II. Please read each statement and circle the number that best represents your experience and satisfaction.

	strongly disagree	disagree	agree	strongly agree			
	1	2	3			4	
1	The training was interestin	g.	1	2	3	4	
2	The staff members were fr	iendly.	1	2	3	4	
3	I learned a lot during the tr	aining.	1	2	3	4	,
4	I actively participated in tra	aining activities.	1	2	3	4	

III. Place a ch	eck (\checkmark) next to the answer th	at describes you.		
1. You are	a: Girl	Boy	,	
2. How old	l are you:		•	·
3. Grade:	4 th or lower	8 th		
	5 th	9 th		
	6 th	10 th or hi	igher	
4. Race:	Caucasian		Asian	
	African American/	Black	Multi-racial	
	Native American		Unknown	
5. Ethnicity:	Hispanic/Latino	Not His	spanic/Latino	
6. Size of yo	our town/city (your best gue Urban (population over 50,	ss or ask program :	staff if you are not sure):	
	Suburban (population 10,00 Rural (population less than	00 – 50,000)		e. P
7. Where did	you participate in the <i>Heal</i>	th Rocks! training		
	now many hours of Health R		<u> </u>	
9. How man	ny activities have you comp	leted?	number of activities	
IV. Please shar	e additional comments and	thoughts regardin	g your Health Rocks! experie	nce in the space