



Keep A Clear Mind-Student Survey

Facilitator _____ Location _____ Date _____

1. What is your gender? Female Male
2. How old are you? 5-11 12-14
3. Race (Choose all that apply)
- Asian African American Hispanic/Latino Native American
- White Many Races Other _____

Please provide your opinion about the following:	Agree	Disagree	Not Sure
4. I learned new information about how alcohol, tobacco, vaping, and marijuana can hurt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I liked doing the activities in the workbook with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Based on what I learned; my goal is not to use tobacco, vape or marijuana.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Based on what I learned; my goal is not to use alcohol unless I am of legal age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I learned new ways to stay healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What did you like best about Keep a Clear Mind? _____

10. How do you think Keep a Clear Mind could be improved? _____