

STUDENT ASSISTANCE SERVICES

Prevention Education Series

School: _____ PRE ☐ POST ☐ Date: _____

Class: _____ Teacher: _____ Period: _____

Directions: Place a check (✓) in the box that best indicates your opinion

	<u>No risk</u>	<u>Slight risk</u>	<u>Moderate risk</u>	<u>Great risk</u>
How much do you think people risk harming themselves (physically or in other ways) if they:				
▪ take one or two drinks of an alcoholic beverage (nearly every day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ use marijuana (once or twice a week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ use prescription drugs that are not prescribed to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ binge drink (5 or more alcoholic drinks in a row once or twice a week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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