

Evaluation: Prescription Drug Abuse

LEADER: Please copy this form front and back (or staple together). This is an anonymous survey, but it is important that one person's pre and post responses match. THANK YOU!

PRE-TEST

In order for us to know more about this problem in our communities and how we can improve outreach, please take a few minutes to respond to these questions before the class.

Please note: "Rx drug" means "Prescription drug."

1. I think that I or someone I know may be at risk for prescription drug abuse.

- Yes
- No
- I don't know.

2. I always take my medicine EXACTLY as my doctor tells me to.

- Always
- Most of the time
- Sometimes
- Never

3. What was your biggest motivation for attending the workshop today? (Please provide a short answer.)

4. To what extent do you think Rx drug abuse is a problem among teens in your community?

- To a great extent
- Somewhat
- Not at all

5. I am comfortable addressing the topic of Rx drug abuse with teenagers.

- Agree
- Neutral/no opinion
- Disagree