



BOTVIN MS LIFE SKILLS-- BEFORE

Facilitator _____ Location _____ Date _____

My First Name Initial _____ My Last Name Initial _____

<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Many Races <input type="checkbox"/> Other Race _____	Age <input type="checkbox"/> 5-11 <input type="checkbox"/> 12-14 <input type="checkbox"/> 15-17	Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl
I identify as Hispanic/Latino/Mexican <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		

Please answer the questions below about how you feel *right now*. There are no right or wrong answers. We want to know what you *truly* think.

Statement	Agree	Disagree	Not Sure
1. Someone my age using alcohol is not okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Someone my age using marijuana is not okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Someone my age smoking/vaping is not okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Someone my age using prescription drugs/opioid drugs not meant for them, is not okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important for someone my age to have good communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It is a good idea to make a decision and then think about consequences later.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>