



FOUNDATION FOR A DRUG-FREE WORLD

SCOUT COMPLETION SURVEY

Name: _____ Age: _____

Council: _____ Troop number: _____

1. Have your feelings or attitude about drugs changed following this presentation?
If so, briefly state what changed:

2. Did you learn anything new?
If so, what did you learn?

3. What effect has this presentation had on you as a Boy Scout?

4. Do you feel others should have this information?
If so, why?

5. Do you want to learn more about other drugs?

6. Do you want to help others learn the truth about drugs?