Now that you have completed your study program and the lessons, the Foundation for a Drug-Free World is very interested to know your views on the subject of drugs and drug abuse. We want to know what you have learned from the program. Please answer the following questions as completely as possible. Use additional paper as needed.

1. Did this drug education program help you understand better what drugs are and their effect? Please explain fully.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. What were your views about drugs before you started this program?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. What are your views about drugs now?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
4. As a result of what you learned on this program, explain how you now feel about living a drug-free life.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Do you feel that it is important to let others know the truth about drugs? Why is that?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Would you like to work on activities or projects that help bring the truth about drugs to people? If yes, what sort of things do you want to do?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you have any other comments you would like to make about The Truth About Drugs lessons?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you very much for filling out this survey.

School/Group Name: ____________________________________________
Class: _______________________________________________________
Student Name: ________________________________________________
Date: _________________________________________________________