



## Drug Awareness Program

**UR Choice UR Voice Survey:** We hope you enjoyed the UR Choice UR Voice event! Please take a few minutes to tell us about your experience. Remember, it's UR CHOICE to use UR VOICE. Your feedback is important.

1. Name (optional): \_\_\_\_\_
2. School: \_\_\_\_\_
3. Grade: \_\_\_\_\_
4. Are you male or female?
  - a. Male
  - b. Female
5. How much did you like the UR Choice UR Voice event (circle one)?
  - a. Loved it
  - b. Liked it a lot
  - c. Liked it
  - d. I didn't like it much
  - e. I didn't like it at all
6. Did the presenters do a good job of explaining why it is important to stay away from drugs and alcohol?
  - a. Yes
  - b. Kind of
  - c. No
7. I am better prepared to handle peer pressure because of this presentation (circle one)?
  - a. Agree Completely
  - b. Agree Somewhat
  - c. Neither Agree nor Disagree
  - d. Disagree Somewhat
  - e. Disagree Completely

**Continued on other side.**

