

## Intention to Use

Date: \_\_\_\_\_

Name/Code: \_\_\_\_\_

**Directions:** Please indicate your answer by checking the appropriate box.  
Mark only one answer for each question. Select the answer that best fits you.

	Yes	Maybe Yes	Maybe No	No
1 Do you plan to drink alcohol in the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you plan to smoke cigarettes in the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you plan to use marijuana (pot, weed, dope) in the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☐ Pre ☐ Post ☐ Follow-up

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