
I have made a final decision to stay away from marijuana.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

I have decided that I will smoke cigarettes.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

If I had the chance and knew I would not be caught, I would get drunk.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

I plan to get drunk sometime in the next year.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly Agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

I have made a promise to myself that I will not drink alcohol.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

I have told at least one person that I do not intend to smoke.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

It is clear to my friends that I am committed to living a drug-free life.

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | No Answer |

<input type="checkbox"/>	Pre-Test
<input type="checkbox"/>	Post-Test
<input type="checkbox"/>	Follow Up

I have signed my name to a pledge saying that I will not use marijuana or drugs.

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree
<input type="checkbox"/>	No Answer