

## Skills for connecting

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

**Directions:** Mark only one answer for each question. Select the answer that best fits you.

	Never	Sometimes but not often	Often	All the time
01. How often do you stop to think about your options before you make a decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. How often do you stop to think about how your decisions may affect others' feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. How often do you stop and think about all of the things that may happen as a result of your decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. I make good decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How likely would you be to:	Definitely would	Probably would	Not sure	Probably would not	Definitely would not
05. Say "no" when someone tries to get you to smoke a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. Say "no" when someone tries to get you to drink beer, wine, or liquor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. Say "no" when someone tries to get you to smoke marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. Say "no" when someone tries to get you to use cocaine or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. Say "no" when someone tries to get you to sniff glue, paint, gas, or other things you inhale to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
10. There are lots of adults in my neighborhood I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	no	yes
11. Are there sports teams available for people your age in your community?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is scouting available for people your age in your community?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there Boys and Girls Clubs available for people your age in your community?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there Service Clubs available for people your age in your community?	<input type="checkbox"/>	<input type="checkbox"/>

Questions 5-9 originally developed by the National Health Promotion Association, Inc (NHPA) © 2007