



We want to learn some things about you.
This is not a test and there are no right or wrong answers. Your answers are completely private.

Please put an X in the box that shows how you feel about the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel good about my future				
2. I feel I have control over things that happen to me				
3. I feel good about myself				
4. I can succeed in school				
5. I can handle whatever happens				
6. I can think of lots of ways around any problem				
7. I can think of many ways to get good grades				
8. I know I will graduate from high school				
9. There is an adult in my life who cares about my future				
10. If I work hard, I will be more likely to do well in school				
11. No matter who you are, you can change how smart you are				
12. You can learn, but you can't really change how smart you are				
13. I feel like my schoolwork is important				
14. I enjoy learning new things in school				
15. I know how to improve my work				
16. I change my goals a lot				
17. I am a hard worker				
18. I finish what I start				
19. Setbacks don't discourage me				

Please put an X in the box that shows how frequently you do the following:	Never	Not often	Often	Very Often
1. How often do you do your homework?				
2. How often do you participate in class?				
3. How often do you try again after you have failed?				
4. How often do you keep trying when something is hard?				
5. In the last year how often have you talked with a parent, grandparent or another adult caregiver about the dangers of underage drinking?	Never	1 time	2-3 times	4 or more times

In school how often do you talk about the following things:	Never	Not often	Often	Very Often
1. Setting goals				
2. What to do if you don't accomplish a goal				
3. Taking care of yourself				
4. Working hard				
5. The dangers of underage drinking				

Now we are interested in learning about whether you set goals:				
1. Do you set goals for yourself? (Please circle your answer)	Yes	No		
2. What should you do if you don't accomplish a goal?	Quit	Change the goal	Keep Trying	

Please put an X in the box that shows how frequently you do the following:	Never	Not often	Often	Very Often
2. How often do you set goals for yourself?				
3. How often do you think about your progress towards your goals?				

Circle the best possible answer(s) to the questions below.
1. What can you do to live a healthy lifestyle? (Select all that apply)
a. Eat well
b. Sleep Well
c. Exercise
d. Say no to underage drinking



2. Which part(s) of your brain would be affected if you drank alcohol? a. Cerebellum b. Hypothalamus c. Medulla d. Your entire brain
3. Which organ(s) in the body can be affected by underage drinking? a. Every organ b. Heart c. Kidney d. Liver e. Brain
4. How long does it take for alcohol to move through your bloodstream and reach your brain? a. 10 seconds b. 30 seconds c. 5 minutes d. 20 minutes
5. Alcohol can affect your judgment and can result in making bad choices a. True b. False
6. Exercise can increase the growth of brain cells a. True b. False
7. Which of the following does your brain control? a. Physical movement b. Balance c. Reaction time d. All of the above
8. Which of the following dangers do you associate with underage drinking? <i>(Select all that apply)</i> a. Hangovers b. Interrupting your growth c. Drunk driving d. Risk of developing Depression e. Hurting the way your brain develops f. Failing in school g. Embarrassing yourself h. Being moody and fighting with friends i. Heart and liver disease j. Getting in trouble with the police k. Getting suspended or kicked off a team l. Getting arrested
9. Why does a healthy lifestyle include saying not to underage drinking? <i>(Select all that apply)</i> a. Because the young brain is still developing b. Because the body is still developing c. Because if you drink you can make bad choices d. Because alcohol can harm your organs

Please put an X in the box that shows how you feel about the following statements:	Strongly Agree		Agree		Disagree		Strongly Disagree	
1. I liked participating in Classroom Champions								
2. Classroom Champions helped me learn new things								
3. Classroom Champions helped me to do better in school								
4. Classroom Champions helped me learn how to accomplish my goals								
5. Classroom Champions has made a difference in my life								
Please write your answers in the space provided:								
1. What time do you usually go to bed on a school night?								
2. What time do you usually wake up on a school morning?								
3. In which grade are you currently enrolled (Please circle your answer)	2nd	3rd	4th	5th	6th	7th	8th	

First Name _____ Last Name _____ Your Teacher's Name _____