





- A. List your strengths and weaknesses.
- B. List five things about yourself that you would like to change or improve.  
Rate how important it is to you to change each one.

## Taking Stock

WORKSHEET

2

A. Strengths	Weaknesses
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

B. Things to Change	Rate Your Desire to Change		
	High	Average	Low
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			



Make a list of the most important decisions you have to make regularly at home, school, or with friends.

Check off whether you make those decisions **On Your Own** or whether you are influenced by others. Check all that apply to each decision.



# Everyday Decisions

WORKSHEET

4

Decisions	On My Own	Parents	Friends	Teachers	Media
<b>At Home</b>					
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At School</b>					
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>With Friends</b>					
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



List your personal reasons for not wanting to become a cigarette smoker.

○○○

WORKSHEET  
8

## *My Reasons for Not Smoking*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

## Smoking Crossword Clues

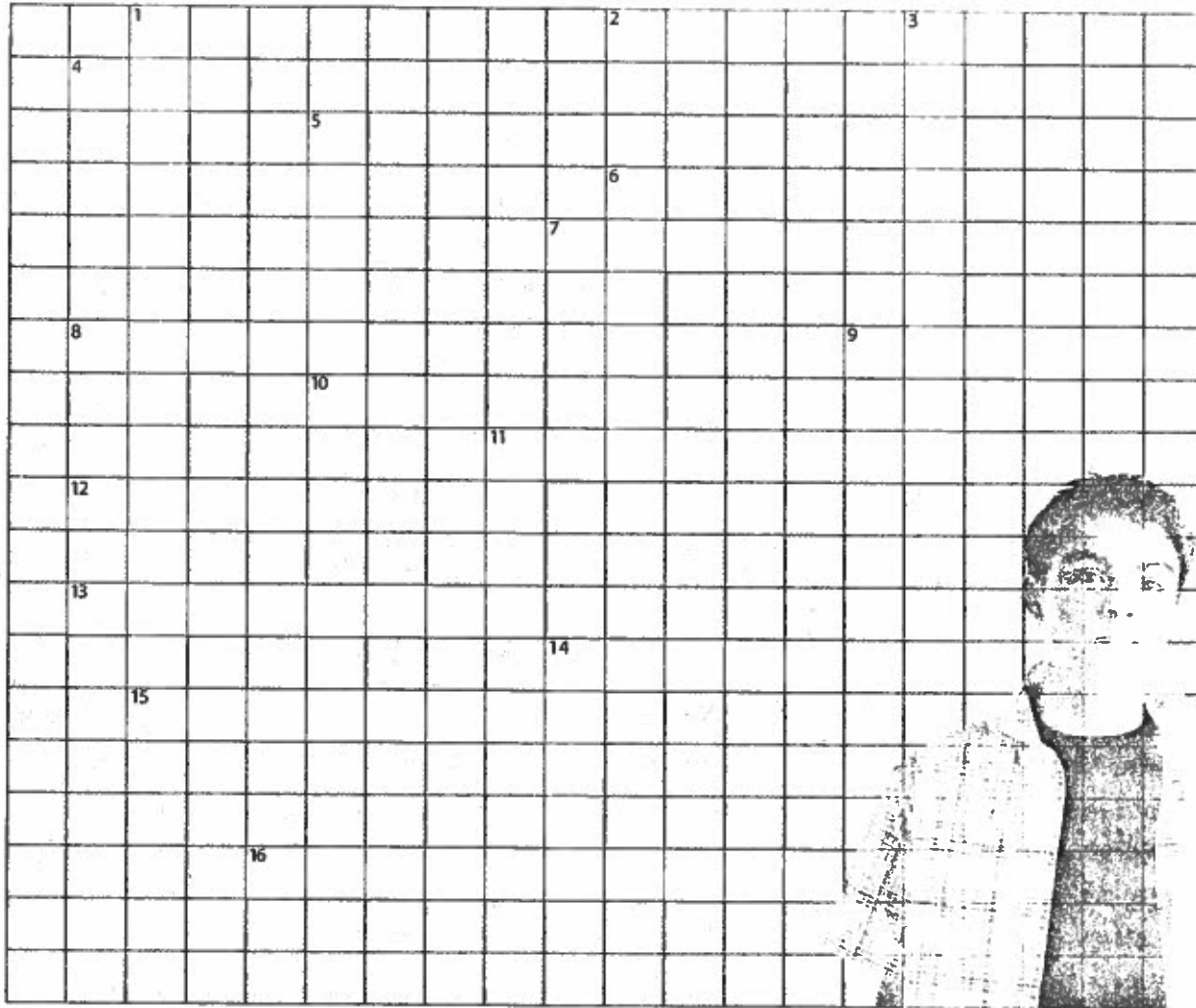
### ACROSS

2. Instead of calming people down, smoking cigarettes can make them more \_\_\_\_\_ .
4. After many years of smoking, \_\_\_\_\_ builds up in smokers' lungs, making them look black.
7. Smokers can develop a hacking \_\_\_\_\_ .
8. Secondhand \_\_\_\_\_ can be dangerous to nonsmokers.
9. Regular smokers often develop yellow \_\_\_\_\_ on their teeth and fingers.
10. Carbon monoxide forces oxygen from the body's \_\_\_\_\_ blood cells.
11. Cigarette smoking is a main cause of \_\_\_\_\_ cancer.
12. \_\_\_\_\_ teenagers are nonsmokers.
13. \_\_\_\_\_ in tobacco acts as a stimulant.
14. Most regular smokers find that smoking is a difficult \_\_\_\_\_ to break.
15. \_\_\_\_\_ is a healthy way to increase the pulse rate.
16. Smoking has become less socially \_\_\_\_\_ .

### DOWN

1. \_\_\_\_\_ is the colorless and odorless gas in cigarette smoke.
3. Cigarette smoking can make you sick; it is \_\_\_\_\_ .
5. Smoking cigarettes can make the heart beat \_\_\_\_\_ .
6. The nicotine in cigarettes is a known \_\_\_\_\_ .
11. Cigarette smoking shortens this.
14. Smoking cigarettes increases the chances of having a \_\_\_\_\_ attack.

# Smoking Crossword Puzzle



➔ List your personal reasons for not drinking alcoholic beverages such as wine, beer, or hard liquor.



## *My Reasons for Not Drinking*

WORKSHEET  
10

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_

➔ List your own personal reasons for not using marijuana.



## *My Reasons for Not Using Marijuana*

WORKSHEET

11

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_  
\_\_\_\_\_
7. \_\_\_\_\_  
\_\_\_\_\_
8. \_\_\_\_\_  
\_\_\_\_\_
9. \_\_\_\_\_  
\_\_\_\_\_
10. \_\_\_\_\_  
\_\_\_\_\_



➔ Write the names of two products or services being advertised, a brief description of the ad, the target market, the stated message(s), the implied or hidden message(s), and the ad technique(s) used to sell these products.

## Practice Analyzing Ads

WORKSHEET

12

### Product Name #1

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### Description of Ad

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### Target Market

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> females | <input type="checkbox"/> teens    |
| <input type="checkbox"/> males   | <input type="checkbox"/> children |
| <input type="checkbox"/> adults  | <input type="checkbox"/> other:   |

### Stated Message(s)

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### Implied Message(s)

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### Technique(s) Used

- celebrity
- bandwagon
- romance/sex appeal
- maturity
- fun/relaxation
- popularity
- voice of authority
- scientific evidence
- comparison test
- demonstration
- "deal" appeal

### Product Name #2

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### Description of Ad

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### Target Market

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> females | <input type="checkbox"/> teens    |
| <input type="checkbox"/> males   | <input type="checkbox"/> children |
| <input type="checkbox"/> adults  | <input type="checkbox"/> other:   |

### Stated Message(s)

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### Implied Message(s)

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### Technique(s) Used

- celebrity
- bandwagon
- romance/sex appeal
- maturity
- fun/relaxation
- popularity
- voice of authority
- scientific evidence
- comparison test
- demonstration
- "deal" appeal



- A. List the TV shows and movies you watch for a week. Check whether the main characters in each show smoke, drink, use drugs, or act violently.
- B. Choose one or two TV shows. List any different violent acts portrayed in each one. Check whether an act shows physical or verbal violence. If it happens more than once, circle the act.

## Watching TV

A. Name of Movie or Show	Smoke	Drink	Drug	Violence
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### B. Name of Show #1

\_\_\_\_\_

Description of Act	Physical	Verbal
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>

(continued)



Do a reality check when you watch your favorite movies or TV shows. Here are some questions to ask.



## Reality Checks

WORKSHEET

15



Yes No

1. Is this what happens in real life?

2. Do I agree with this image?

3. Is there a good reason for this violence?

Is it trying to make a point, or is it just there to give viewers a safe thrill?

\_\_\_\_\_

4. What would be the consequences of this violence in real life?

\_\_\_\_\_

Are these consequences shown?

5. Are the good guys always right no matter what they do?

6. Are the bad guys shown as deserving what they get, even if it's vigilante, or illegal violence?

7. Is this the best way to resolve this conflict?

8. How else might this conflict be resolved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Describe two situations that made you feel very anxious, and check off the signs of anxiety that you experienced.



## *Dealing with Anxiety: Situations That Made Me Feel Anxious*

### Situation 1

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Anxiety Signs (Check off those you felt in Situation 1.)

- |   |   |
|---|---|
| <input type="checkbox"/> "Butterflies" in the stomach | <input type="checkbox"/> Sweating hands                 |
| <input type="checkbox"/> Rapid heart beat             | <input type="checkbox"/> Dry mouth                      |
| <input type="checkbox"/> Shaky voice                  | <input type="checkbox"/> Difficulty holding hands still |
| <input type="checkbox"/> Muscle tension               | <input type="checkbox"/> Difficulty concentrating       |

### Situation 2

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Anxiety Signs (Check off those you felt in Situation 2.)

- |   |   |
|---|---|
| <input type="checkbox"/> "Butterflies" in the stomach | <input type="checkbox"/> Sweating hands                 |
| <input type="checkbox"/> Rapid heart beat             | <input type="checkbox"/> Dry mouth                      |
| <input type="checkbox"/> Shaky voice                  | <input type="checkbox"/> Difficulty holding hands still |
| <input type="checkbox"/> Muscle tension               | <input type="checkbox"/> Difficulty concentrating       |

➔ Rate how anxious (nervous) you would feel in each situation.

## Rating How Anxious You Feel

WORKSHEET

17

Situation	High	Average	Low
Taking a test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving a report in front of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a speech in front of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting a conversation with someone you just met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving someone a compliment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling someone that you like them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking someone out on a date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying "no" when someone offers you beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking someone for a favor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competing in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singing or playing a musical instrument in front of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying "no" when someone offers you marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making an important decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying "no" when someone offers you a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saying "no" when someone offers you hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telling someone they gave you the wrong change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returning a product that doesn't work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➔ Everyone gets annoyed by one thing or another. List and rate the situations that made you angry this week. Be specific.

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WORKSHEET

18

## *What Really Bugs Me*

Situation	Rate Your Anger		
	Low	Average	High
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Describe a recent misunderstanding that you were involved in that resulted from poor communication.

Then identify the specific cause of the misunderstanding and what you think you or the other person could have done to avoid it.



## *Looking at a Recent Misunderstanding*

1. Briefly describe the misunderstanding and who it was with:

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2. What was the cause of the misunderstanding? How did the other person feel?

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3. How could the misunderstanding have been avoided?

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Develop social skills "scripts." Write down four compliments you could give, four ways of starting a conversation, and four things you could talk about.



## *Developing Social Skills Scripts*

WORKSHEET

21

### **Compliments**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **Conversation Starters**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **Keeping Conversations Going: Things to Talk About**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_







Think about the characteristics of people you like to be with and activities you enjoy. Use that information to answer these questions.



## *Social Activities*

WORKSHEET

22

1. Describe the kind of person who you would want as a friend – someone you would want to hang out with.

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2. List some social activities that you think might be fun to do with others.

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3. Describe an approach that you think might work when you're asking if someone wants to get together to do an activity.

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- ➔ A. Describe a common situation where you have trouble being assertive.  
B. List the reason(s) why you don't stand up for your rights or express your true feelings to your friends.  
C. Now imagine you are being pressured to smoke <sup>marijuana</sup> ~~cigarettes~~ by friends or classmates. Describe the situation and how you would handle it.



## Handling Difficult Situations

WORKSHEET

23



### A. Situation

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### B. Reasons Why

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### C. Describe the situation.

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### How I would handle it

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