

GREEN CRESCENT ADDICTION PREVENTION TRAINING PROGRAM STUDENT WORKBOOK



NAME SURNAME: CLASS: NUMBER:

SCHOOL:



Eating Awareness Activity

THE FOOD YOU EAT

What Do You See?

- Color (colors)?

- Shape?

- Texture?

What Do You Feel?

- The sensation between your fingers?

- The sensation on your tongue?

- The feeling in your stomach?

What Do You Hear?

- When you open, cut or peel?

- When you take a bite?

- When you chew?

What Do You Smell?

- Before opening, cutting/peeling?

- While you are opening, cutting/peeling?

- After you have opened, cut/peeled?

What Do You Taste?

- Hot, sweet, salty, sour?

- Does the taste change when you bite, chew and swallow?



Write what you have done in the virtual world on the left and what the real-world equivalent might be on the right.

1.....

2.....

3.....

4.....

5.....

VIRTUAL WORLD

1.....

2.....

3.....

4.....

5.....

REAL WORLD





Rate yourself for each item. Write 1 in the box on the right if you observe the described situation all the time, 2 if your answer is sometimes and 3 if you do not observe it at all. Add these scores together to get the total score.

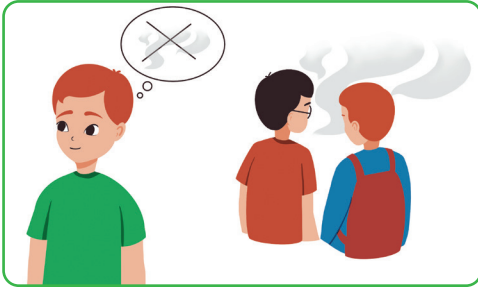
I feel helpless, anxious, stressed, irritable when I am not using technological tools.	
I find it difficult to use technological tools less although I try.	
I stay in front of technological devices for hours.	
I no longer enjoy activities that I used to enjoy such as doing sports, spending time with friends or family, reading books, studying.	
I experience problems such as muscle/back/neck pain, posture disorders, vision problems, distraction because I use technological devices for too long.	
I do not do the work I should do, I have difficulty in fulfilling my responsibilities.	
I think about technological tools even when I am away from them.	
I sacrifice sleep to spend time with technological tools, I sleep more than I need.	
I eat or delay meals while using them to spend more time with technological tools.	
I find it difficult to understand other peoples' feelings and show patience and tolerance.	
I find it difficult to accept help from others to reduce my use of technology.	
I feel bad and experience regret when I see the harms of technology use.	

Total Score:





Write your suggestions about why children should say no in the following spaces.



Indirect Influence: Arda saw people around him using tobacco products and thought that he might use them too. What should Arda do?

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Direct influence: Ayşe's friend handed her a cigarette, saying "Would you like to smoke?". What should Ayşe do?

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Contempt: Doruk's friends make fun of him for not smoking. What should Doruk do?

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Using force: Her friend forced Seda to smoke. What should Seda do?.....

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Write one reason on each finger for saying no to tobacco use.





Write the names of some of the online games you play in the boxes labeled "Name of the Game". You should write the name of one game in each box. On the left-hand side you will see gambling elements and risky situations. Read each item, put a "+" if you think the game you have written down has this element and a "-" if you think it does not. At the bottom you will see two blank spaces. If there are items not listed here that you think are gambling elements, you can add them.

	Name of the Game:	Name of the Game:	Name of the Game:
Advertisements about gambling appear while playing the game.			
The game wants to charge your credit card.			
The game includes items such as free coupons, tokens and gift vouchers.			
There are virtual chests that are purchased to access in-game elements which contain random			
The game includes an option to play different secondary side games, similar to gambling.			



I am Aware of Gambling Traps

WHAT DID HE WIN?

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WHAT COULD HE HAVE LOST?

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Answer the questions.

QUESTIONS

Why it is harmful for children and young people to be exposed to these traps?

What can happen if precautions are not taken?

What can be done to keep people away from these traps?

To

Subject

Dear

If precautions are not taken.....

The following can be done to keep people away from these traps

Send



Sleep Diary Chart

..... Sleep Diary

Things I do before I sleep	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Read a book	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Use a computer/tablet	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Spend time on the phone	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Watch television	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Snack	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Take a bath	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Exercise/sports	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Listen to music	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Homework	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other.....	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Other.....	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
During Sleep	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
I fell asleep with difficulty	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
I kept waking up	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
I had difficulty falling asleep after waking up	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
I slept without waking until it was time to get up	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
I had a short nap during the day	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
My bedtime	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
The time I went to bed							
The time I fell asleep							
The time I woke up							
Total hours of sleep							
How do I feel today	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Energetic							
Not bad							
Tired							



Write **"T"** in the box on the left of each item if you think it is correct and **"F"** if you think it is incorrect. Use the right column for marking at the end of the lesson.

<input type="checkbox"/>	Technology addiction will become increasingly common in the future and will cease to be an addiction.	<input type="checkbox"/>
<input type="checkbox"/>	Technology addiction is rare.	<input type="checkbox"/>
<input type="checkbox"/>	Unrestrained and unlimited use of technology causes psychological, physical, cognitive and social problems.	<input type="checkbox"/>
<input type="checkbox"/>	Anyone who spends a long time in front of a screen is addicted.	<input type="checkbox"/>
<input type="checkbox"/>	I play a little, a little won't hurt.	<input type="checkbox"/>
<input type="checkbox"/>	We can also have fun, limit our use of technology and protect ourselves from addiction by enjoying regular sports, playing a musical instrument, and spending time with family and friends.	<input type="checkbox"/>
<input type="checkbox"/>	I can fulfill my need for socializing by playing online games with friends.	<input type="checkbox"/>
<input type="checkbox"/>	The number of followers, likes and friends a person has on social media shows how popular and valuable they are.	<input type="checkbox"/>



Write suggestions for the following problems.

1. How to control yourself to take a break or finish the game while playing on the phone

2. How to reduce the use of technological devices such as phones, tablets or computers

3. How to enjoy activities that used to bring you pleasure, which you have been distracted from due to digital games or mobile device use

4. How to fulfill responsibilities that you find difficult to fulfill due to digital games or mobile device use

5. How to stop digital games or using mobile devices from disrupting your eating habits.





Write down a "no" proposition for each of the following situations.

Do you want to smoke?

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I have cigarettes, let's smoke.....

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Why don't you smoke cigarettes like us?.....

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You can't hang out with us if you don't smoke like us?.....

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Come on, have a smoke, experimenting once will not kill you......

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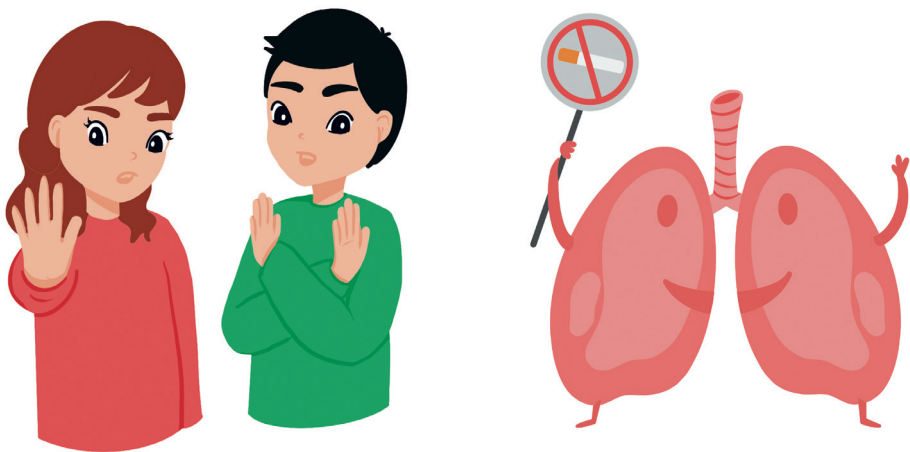
.....

.....

NO



Fill in the empty spaces with the reasons why you say no to tobacco use.



NO

"I say no to tobacco use

because.....

....."

"I say no to tobacco use

because.....

....."

"I say no to tobacco use

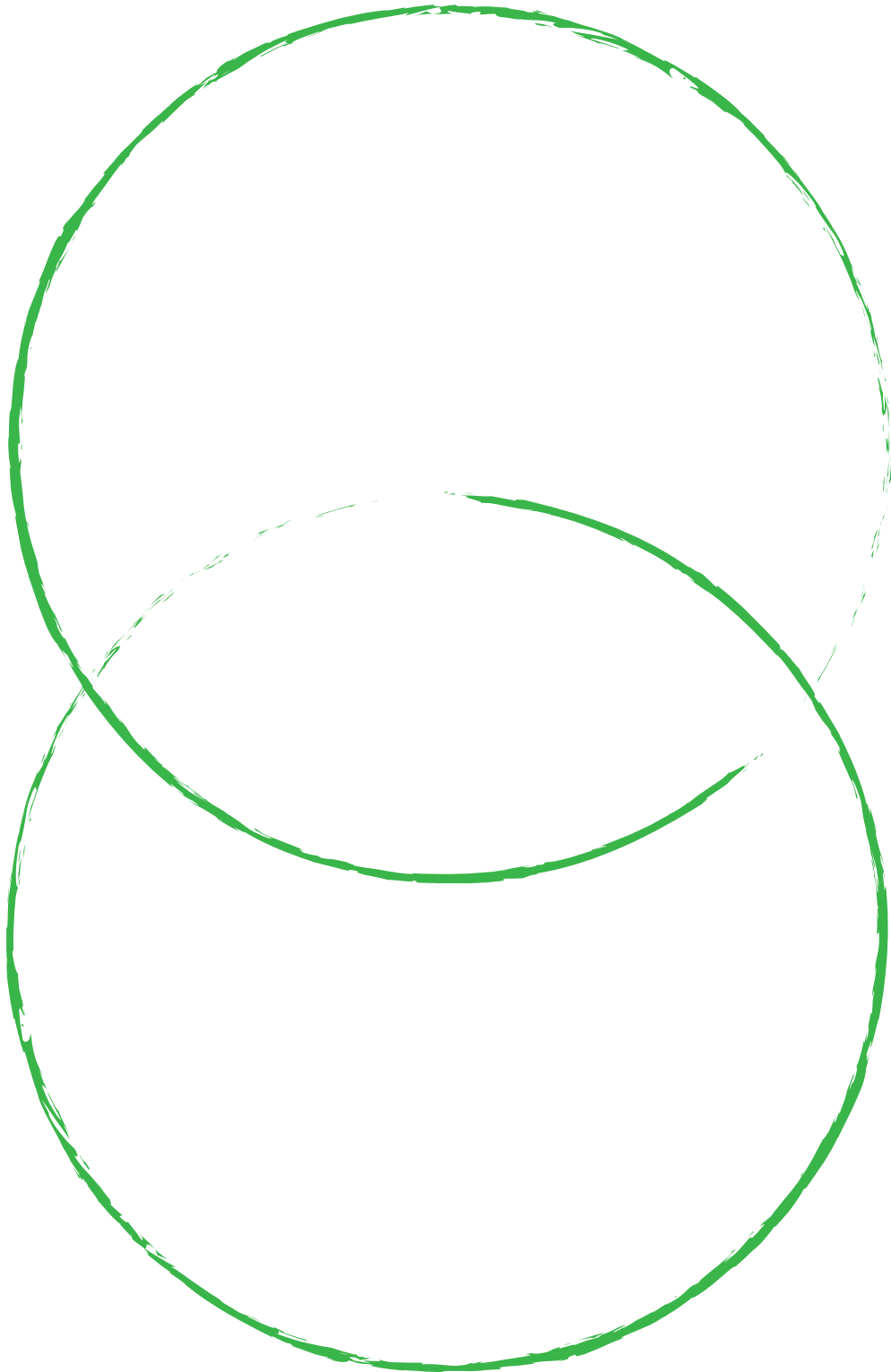
because.....

....."

GAMBLING

SIMILARITIES

GAMING



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yesilay.org.tr
tbm.org.tr