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Center for Substance Abuse Prevention
SPF SIG Participant-Level Instrument

Adult Programs Survey Form

(Adult participants ages 18 and older)

Use this **Adult Programs Survey Form** for participants in prevention interventions who are expected to complete survey forms at baseline, exit, and followup periods.

Center for Substance Abuse Prevention
National Outcome Measures

Adult Programs Survey Form

This survey is voluntary. If you choose to take it, you may skip any question you don't want to answer.

This survey asks about your experience and opinion on a number of topics related to alcohol, tobacco, and drug use. Your answers to these questions will be confidential. That means no one will connect your answers with your name or other identifying information. To help us keep your answers confidential, please do not write your name on this survey form.

The information in this survey will be used to learn more about the effectiveness of programs in preventing substance abuse.

This is not a test, so there are no right or wrong answers. Some questions may ask you to select all of the answers that are relevant, and others ask you to select a single answer. If the question asks for a single answer and you don't find an answer that exactly fits, choose one that comes closest.

Thank you for agreeing to participate in this survey.

RECORD MANAGEMENT: Your survey administrator will tell you what to fill in for these administrative questions. You may leave all but **Date Completed** blank if you are not given any instructions.

Participant ID

Date Completed

	/		/		
Month		Day		Year	

Survey Type (Check one)

☐ Baseline ☐ Exit ☐ First follow-up after exit ☐ Second follow-up

Program Name

Cohort Number

These questions ask for general information about you. Please mark the response that best describes you.

1. **What is your gender? (Check one)**

   ☐ Male ☐ Female

2. **Are you Hispanic or Latino? (Check one)**

   ☐ Yes ☐ No

3. **What is your race? (Select one or more)**

   ☐ White

   ☐ Black or African American

   ☐ American Indian

   ☐ Native Hawaiian or Other Pacific Islander

   ☐ Asian

   ☐ Alaska Native

4. **What is your date of birth?**

   ____ / ____ / ____

   Month Day Year

The next few questions ask about your use of and attitudes toward tobacco, alcohol, and other substances.

5. Think back over the past 30 days and report how many days, if any, you used the following substances:

			Fill in number of days (0 – 30)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	5a.	During the past 30 days, on how many days did you smoke part or all of a cigarette?	_____	☐
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	5b.	During the past 30 days, on how many days did you use other tobacco products?	_____	☐
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	5c.	During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?	_____	☐
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	5d.	During the past 30 days, on how many days did you use marijuana or hashish?	_____	☐
Other illegal drugs: Include substances like: • **Heroin, crack or cocaine, methamphetamine** • **Hallucinogens** (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • **Inhalants or sniffed substances** such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) • **Prescription drugs without a doctor's orders,** just to "feel good" or to get high	5e.	During the past 30 days, on how many days did you use any other illegal drug?	_____	☐

6. Think back over your entire lifetime and try to remember whether you have EVER used any of the following substances. If so, what was your age the FIRST TIME you used the substance:

			Check if NEVER	Fill in your age when you first used (in years)	Check if don't know or can't say
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	6a.	Ever smoked part or all of a cigarette?	☐	_____	☐
Other tobacco products: Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe	6b.	Ever used any other tobacco product?	☐	_____	☐
Alcoholic beverages: Include beer, wine, wine coolers, malt beverages, and liquor	6c.	Ever had a drink of an alcoholic beverage? Do NOT include any time when you only had a sip or two from a drink.	☐	_____	☐
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	6d.	Ever used marijuana or hashish?	☐	_____	☐
Other illegal drugs: Include substances like: • **Heroin, crack or cocaine, methamphetamine** • **Hallucinogens** (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP or peyote (sometimes called angel dust) • **Inhalants or sniffed substances** such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to "feel good" or to get high) • **Prescription drugs without a doctor's orders,** just to "feel good" or to get high	6e.	Ever used any other illegal drug?	☐	_____	☐

7. For each of the three questions below check one box that shows HOW MUCH you think people RISK HARMING themselves physically or in other ways when they engage in the following behaviors:

		No risk	Slight risk	Moderate risk	Great risk	Don't know or can't say
7a.	When they smoke one or more packs of CIGARETTES per day?	☐	☐	☐	☐	☐
7b.	When they smoke MARIJUANA once or twice a week?	☐	☐	☐	☐	☐
7c.	When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?	☐	☐	☐	☐	☐

This section asks just a few additional questions about your attitudes and experiences.

8. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)

- ☐ More likely
- ☐ Less likely
- ☐ Would make no difference
- ☐ Don't know or can't say

9. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol?

- ☐ Yes
- ☐ No
- ☐ Don't know or can't say

10. Now think about the past 12 months through today. DURING THE PAST 12 MONTHS, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or drugs?

- ☐ Don't have any children
- ☐ 0 times
- ☐ 1 to 2 times
- ☐ A few times
- ☐ Many times
- ☐ Don't know or can't say

Menu of Additional Alcohol Measures: Adult Survey

11. During your life, on how many days have you had at least one drink of alcohol?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 39 days
- ☐ 40 to 99 days
- ☐ 100 or more days

12. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?

_____ # of days (0-30)

13. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

_____ # of days (0-30)

14. On the **days** that you drank during the past 30 days (if any), how many **drinks** did you **usually** have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

- ☐ Did not drink at all during the past 30 days
- ☐ Drank some during the past 30 days:

USUAL # OF DRINKS ON DRINKING DAYS _____

15. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

16. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times