

**Center for Substance Abuse Prevention
SPF SIG Participant-Level Instrument**

Youth Programs Survey Form

(Participants ages 12-17)

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

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 09300230. Public reporting burden for this collection of information is estimated to average 1 hour per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

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?	_____	<input type="checkbox"/>
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?	_____	<input type="checkbox"/>
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?	_____	<input type="checkbox"/>
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?	_____	<input type="checkbox"/>
Other illegal drugs: Include substances like: <ul style="list-style-type: none"> • 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?	_____	<input type="checkbox"/>

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
			<input type="checkbox"/>	_____	<input type="checkbox"/>
Cigarettes: Include menthol and regular cigarettes and loose tobacco rolled into cigarettes	6a.	Ever smoked part or all of a cigarette?	<input type="checkbox"/>	_____	<input type="checkbox"/>
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?	<input type="checkbox"/>	_____	<input type="checkbox"/>
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.	<input type="checkbox"/>	_____	<input type="checkbox"/>
Marijuana or hashish: Also known as grass, pot, hash, or hash oil	6d.	Ever used marijuana or hashish?	<input type="checkbox"/>	_____	<input type="checkbox"/>
Other illegal drugs: Include substances like: <ul style="list-style-type: none"> • 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?	<input type="checkbox"/>	_____	<input type="checkbox"/>

7. For each of the following five questions below check the box that shows how YOU think or feel.

		Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove	Don't know or can't say
7a.	How do <i>you</i> feel about someone your age smoking one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b.	How do you think <i>your close friends</i> would feel about YOU smoking one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c.	How do <i>you</i> feel about someone your age trying marijuana or hashish once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d.	How do <i>you</i> feel about someone your age using marijuana once a month or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e.	How do <i>you</i> feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 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 do the following things:

		No risk	Slight risk	Moderate risk	Great risk	Don't know or can't say
8a.	When they smoke one or more packs of CIGARETTES per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b.	When they smoke MARIJUANA once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c.	When they have five or more drinks of an ALCOHOLIC BEVERAGE once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

9. 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

10. 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

11. Now think about the past 12 months through today. DURING THE PAST 12 MONTHS, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians—whether or not they live with you.

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

12. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?

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

Menu of Additional Alcohol Measures: Youth Survey

13. 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

14. 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)

15. 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)

16. 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 _____

17. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- Very hard
- Sort of hard
- Sort of easy
- Very easy

18. How many of the students in your grade at school would you say drink alcoholic beverages?

- None of them
- A few of them
- Most of them
- All of them

19. How many of your closest friends do you think have been drunk during the past 30 days?

- None of them
- A few of them
- Most of them
- All of them

20. During the past 30 days, how did you **usually** get the alcohol you drank?

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station.
- I took it from a store without paying
- I took it from someone (not in a store) without their knowledge or permission
- I bought it at a restaurant, bar, or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- A family member gave it to me
- Someone other than a family member gave it to me
- I got it some other way (please describe): _____

21. For each of the questions below check the box that shows how YOU think or feel.

		Strongly Agree	Agree	Disagree	Strongly Disagree
a.	If I had the chance and knew I would not be caught, I would get drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I plan to get drunk sometime in the next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I have made a promise to myself that I will not drink alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. During the past 30 days, where and when have you used alcohol?.

		Not at all	1-2 times	3-6 times	10 or more times
a.	At weekend parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	At night with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	At clubs and/or raves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Before school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	At school events (dances, games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	After school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	On the way to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	During school hours at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	During school hours away from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Right after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	While driving around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	At home (parents knew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	At home (parents didn't know)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. 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

24. 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

Participants under Age 12

25. Would your parents approve of you using alcohol (beer, liquor, etc)?
- No
 Not sure
 Yes
26. Would your friends approve of you using alcohol (beer, liquor, etc)?
- No
 Not sure
 Yes
27. Where do you get alcohol (beer, liquor, etc)?
- Never get
 At home
 Friend's house
 At school
 Other places
28. How easy is it for kids your age to get alcohol (beer, liquor, etc)?
- Don't know/Can't get
 Hard to get
 Easy to get